MANUAL OF PUBLIC HEALTH NURSING

Prepared by

PUBLIC HEALTH NURSES IN INDIANA

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FOREWORD

The aim of this Manual is to give policies, techniques, procedures, facilities and resources for the use of public health nurses in Indiana. The functions of other divisions of the State Board of Health are defined briefly since nursing is an integral part of the total program of public health.

We are grateful to the various authorities whom we consulted and quoted in the preparation of this material. The assistance we received from other divisions of the Board of Health is greatly appreciated.

The information was compiled by committees composed of local public health nurses, supervisors and consultants of the Division of Public Health Nursing. The Nursing Division is deeply indebted to the nurses who served on these committees. It is planned to make revisions from time to time, as the need arises. Suggestions will be appreciated.

An attempt was made to avoid duplication, therefore, references to the *Manual of Public Health Nursing*, National Public Health Nursing Association are given throughout and this Manual is to be used with that of the National Organization.

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SECTION I

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ADMINISTRATION AND DEVELOPMENT
THE INDIANA STATE BOARD OF HEALTH

History

The Indiana State Board of Health was created in 1881. The most important provisions of the law are reproduced below:

AN ACT establishing a State Board of Health defining its purposes, powers and duties; providing a system of registration and report of vital and sanitary statistics in connection therewith, and prescribing the duties of certain State, County, Township and City officers in relation thereto, and prescribing penalties for violation of certain provisions thereof. (Approved March 7, 1881.)

SECTION I. BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF INDIANA, THAT a Board is hereby created and established which shall be known under the name of the State Board of Health. It shall consist of five members, as follows: four members who shall be appointed by the Governor, with the consent of the Senate, and a Secretary, as prescribed in section four of this act. . . .

SECTION II. The State Board of Health shall have the general supervision of the interests of the health and life of the citizens of the State. They shall especially study the vital statistics of the State, and endeavor to make intelligent and profitable use of the collected records of deaths and of sickness among the people; they shall make sanitary investigations and inquiries respecting the causes of disease, and especially of epidemics; the causes of mortality, and the effects of localities, employments, conditions, ingesta, habits and circumstances on the health of the people. They shall, when required, or when they deem it best, advise officers of Government, or other State Boards, in regard to the location, drainage, water supply, disposal of excreta, heating and ventilation of any public institution or buildings; and it shall be the duty of the Board to report what, in their best judgment, is the effect of the use of intoxicating liquors as a beverage upon the industry, prosperity, happiness, health and lives of the citizens of the State.

SECTION V. The Secretary of the Board of Health shall be a physician, and the Health Officer of the State. He shall keep his office at Indianapolis, and shall perform such duties as are prescribed by this act or may be required by the Board. . . .

Present Organization

The present organization of the State Board of Health is shown on page 13. The State Board of Health is a nine member board, appointed by the Governor, with members from the medical profession and the related professions of sanitary engineering, nursing, pharmacy, dentistry and veterinary medicine. Provision is also made that one member of the board shall be a lay person. The Secretary, also known as the Commissioner of Health, is appointed by this board. An advisory Health Council of 25 to 45 members is appointed by the Governor from the membership of state-wide organizations concerned in matters of health. This council helps to interpret the needs of the citizens of the state, and serves as a means of disseminating public health education.

The State Commissioner of Health is in charge of the technical staff. As is indicated on the organization chart the supervision of this staff is delegated down through bureau and division directors. Those activities which deal directly with the operation of the technical staff such as personnel and maintenance, budget and accounting, legal and supplies are described as central administrative functions. The heads of these units of the organization are under the immediate supervision of the State Health Commissioner. All other activities of the State Board of Health are grouped in one of the five bureaus. These bureau groupings are made on the basis of functional activity, thus all medical activities having to do with preventive medicine fall into the Bureau of Preventive Medicine, whereas, those activities in the medical field which deal more directly with local health departments, such as Hospital and Institutional Services, Public

Health Nursing and Branch offices are in the Bureau of Local Health Administration.

All laboratories, with one exception, are combined into one Bureau under the direction of one person for the sake of integration and efficiency. The laboratory of the Division of Industrial Hygiene remains in that division because of the desirability for conducting the highly specialized laboratory procedures by the personnel making the field investigations.

One of the primary uses of our vital records and statistics is to guide our plan for health activities and to keep the public enlightened on our health needs. Because of this the Divisions of Records and Statistics are combined with the Division of Physical and Health Education in the Bureau of Health Education, Records and Statistics.

Bureau of Environmental Sanitation

The Bureau of Environmental Sanitation combines all activities which are directed toward the environment in which we live and the divisions are Dairy Products, Food and Drugs, Sanitary Engineering, Weights and Measures.

Dairy Products

The Division of Dairy Products makes inspections and investigations concerning regulatory and sanitary control of dairies distributing raw milk at retail, milk pasteurization plants, milk receiving stations, ice cream plants, cheese factories, evaporated milk plants, milk powder plants, creameries, and cream buying stations. Permits to dairies, milk products plants and milk producers' distributors are issued. If milk or an allied product does not measure up to minimum standards set by the State Board of Health, the Division may condemn and remove such product from the market.

To maintain the best possible milk supply in a community, this Division urges all cities and towns to adopt the "Grade A" milk ordinance. It feels that milk sold at retail in the bottle is a local responsibility since such milk is produced, processed and consumed locally. Advisory service to those communities adopting the "Grade A" program is available for training and supervision of local enforcement officials. Effectiveness of local enforcement is ascertained by periodic surveys.

Food and Drugs

The Division of Food and Drugs is charged with the enforcement of laws and regulations pertaining to (1) the manufacture and sale of adulterated and misbranded food and drugs, and (2) the sanitary conditions under which such products are made and sold. The Pure Food and Drug Law, the Sanitary Food Law, and Food Seizure Law are the structures upon which all effective food control is based.

This Division endeavors to make periodic inspections of all food, drug and cosmetic manufacturing and distributing establishments operating in Indiana. These establishments include canning factories, bottling works, candy kitchens, food and meat markets, slaughterhouses and meat packing houses, groceries, bakeries, drug manufacturing establishments and other miscellaneous food or drug manufacturing plants. The Division advocates the enactment by all cities and towns of a "Grade A" public eating establishment ordinance. It furnishes advice and assistance to locally employed personnel engaged in enforcement of this ordinance and makes periodic surveys to check effectiveness of each ordinance. This Division also supervises inspection of meats in State-approved meat packing houses and licenses cold storage locker plants.

Sanitary Engineering

The Division of Sanitary Engineering has charge of the administration of the sanitation laws of the State pertaining to water, sewage, industrial waste, swimmming pools, housing, public health nuisances, plumbing and schools.

In carrying out its work the Division approves plans and specifications for public, industrial and institutional water supplies, sewerage systems, sewage and waste treatment works, swimming pools, schools, hospitals and other public buildings. Routine investigations of public and institutional water supplies, sewage and waste treatment plants, swimming pools and bathing places, hospitals, camps and streams are made. Special investigations are made of public health nuisances, housing and schools. The Division controls the inspection and licensing of tourist camps. It makes investigations of nursing homes for aged relating to sanitary

facilities only. It also supervises insect and rodent control, malaria control and garbage disposal activities in the State. The technical work of the Stream Pollution Control Board is done by this division.

Weights and Measures

The Division of Weights and Measures administers the law establishing standard weights and measures in the State. This law is intended to protect consumers against deception and fraud in the purchase and sale of merchandise of every description and to protect honest business men against unfair and dishonest competition. The work of the State and local inspectors involves the inspection of equipment used and the checking of all commodities sold to see that the provisions of the law are carried out. For example, the weights and measures law has fixed standard weights for bread and requires a loaf of bread to be labeled, stating the weight and name of the baker; it has fixed standard sizes for all fruit and vegetable containers; and it has provided that all packaged goods be marked with net weight or measure of numerical count.

Bureau of Health Education Records and Statistics

The principal duties of the Division of Vital Records are the collection of birth and death certificates. Chapter 154, Acts of 1945, explains in detail the Vital Statistic Law, its operation through the local health officers and the penalties for violation.

Vital Records

On the fourth of each month the city and county health officers of this state send the original certificates for births and deaths which occurred in their jurisdiction during the preceding month. Here, the records are carefully checked, assembled in the proper order and placed in volumes of 500 each. Later they are card indexed so the records may be found when copies are needed for official purposes. The Division has only records prepared on standard form for births that occurred since October 1907.

The 1945 Law now permits the placing of an unrecorded birth on record. This is known as delayed registration. If a person born prior to 1908 can not obtain a certificate from his local health officer he may apply directly to the State Board of Health, Division of Vital Records, for a special form for recording it now by affidavit. No charge is made for this service. Local health officers are not permitted to accept certificates filed more than four years after the birth occurred.

A new activity of this division is that of sending a query form to new mothers with a small printed copy of her child's birth certificate, asking her to sign and return the query form and make note if any of the names are misspelled. The Division also furnishes the U. S. Public Health Service with microfilmed copies of all birth and death certificates from which are compiled Federal statistics.

Certified certificate for any birth or death on file is furnished to any person needing such certificate. There is no charge for this service. School authorities wanting to verify ages of school children should do this, whereever it is possible, from records of the local health officers. This is a service they can render in their local community.

Public Health Statistics

The Division of Public Health Statistics codes causes of death to statistical categories, tabulates deaths, births and stillbirths and issues monthly and annual reports of their frequency and distribution. In addition to the published reports more detailed tabulations are kept on file for reference. Routine studies of population, mortality, natality and morbidity trends are carried on.

Service functions to the State Board of Health, other health agencies and citizens interested in public health activities include consultation on technical statistical problems and compilation of statistical data from Federal, State and other publications.

Another type of service function provided to other sections of the Indiana State Board of Health is the adaptation of records to machine tabulation and the machine tabulation of such records. At present records obtained from tuberculosis control, cancer control and venereal disease control either are being

tabulated or adapted to mechanical tabulation.

Health and Physical Education

The Division of Health and Physical Education works under the joint supervision of the State Board of Health and the State Department of Education. In this setup, the Division coordinates the dissemination of health education material to the public, the teaching profession and the medical profession.

The activities of the Division are conducted in accord with the principles and practices of the medical and educational professions.

In scheduling school health speakers and programs, the Division desires that all requests come from school principals or superintendents in charge.

On request, the Division will help plan health programs and campaigns, secure speakers, set up health exhibits, provide health films and distribute dependable literature on health, safety and physical education. These services and materials are supplied without cost.

Bureau of Laboratories

Thousands of specimens come to the Bureau of Laboratories each month from the physicians of the State. Laboratory technicians run blood tests for the discovery of syphilis, examine the brains of animals suspected of having rabies and make many other types of tests as those necessary for the discovery of diphtheria, gonorrhea, tuberculosis, undulant fever, brucellosis, tularemia, typhoid fever, trichomonas, dysentery, malaria and fungi. Dairy products are examined bacteriologically and chemically. Chemical, microscopical and bacteriological examinations are made of water, food, drugs and cosmetics submitted by State inspectors and local health officers.

The Indiana Premarital Health Examination Law states that serological tests for syphilis be performed for all persons applying for a marriage license and that these tests be made in the laboratory of the State Board of Health or in a laboratory approved by the State Board of Health. In compliance with this law, the laboratory makes these tests. In addition, it makes surveys on the performance ability of private and hospital laboratories in the State. This information is used by the State Board of Health in designating other official laboratories in the State which may also make premarital serological tests. The Bureau provides diagnostic laboratory facilities for the use of physicians on many other problems pertinent to public health.

Bureau of Preventive Medicine

Tuberculosis Control

The chief objective of the Division of Tuberculosis Control is to control the spread of and ultimately to eliminate tuberculosis in the State. It does this by devising ways and means of finding all cases of tuberculosis still unknown and undetected, by rendering all possible assistance that might be requested by the medical profession and cooperating with and assisting the Indiana Tuberculosis Association.

Statistical data are collected and adequate files of morbidity and mortality are kept, so the true picture of the disease in the State can be understood and progress evaluated. The division aids the State Auditor in carrying out the State Subsidy Act,[1] and makes plans for further legislative action where more efficient control of tuberculosis shows need for such legislation. Knowledge and understanding regarding the nature and characteristics of tuberculosis control is promoted among lay people.

Dental Health

The Division of Dentistry promotes and maintains a state-wide dental health program by helping local people organize dental health programs. The possession of a mobile unit makes possible dental examinations and general demonstrations. The Division fosters an educational program by distributing literature, visual aids and materials and giving lecture programs.

Venereal Disease Control

The Division of Veneral Disease Control administers the State Venereal Disease Control Program. The Division is responsible for the safe-keeping of confidential reports, distribution of free anti-

[1] See Appendix E, 13.

syphilitic drugs and the education of the profession and laity toward better venereal disease control. Local health officers and physicians are aided in discovering sources of infection and in inaugurating proper preventive measures relative to the transmission of venereal diseases. In order to combat venereal diseases more effectively clinics have been established where patients may receive medical attention for venereal diseases. For location of clinics see Section VI.

Industrial Hygiene

The function of the Division of Industrial Hygiene in its most limited sense is to study conditions of occupation with reference to hazards to health; to determine through its laboratory and professional personnel the degree of such hazards; to investigate and evaluate methods for the control of such hazards and to assist in the preparation of rules and regulations for prevention of occupational accidents and disease. This is accomplished through direct service to industry by individuals specializing in industrial medicine, nursing, engineering and chemistry.

Communicable Disease Control

The control of communicable diseases in the State as it affects the public health is the chief concern of the Epidemiologist. In this work he acts as a consultant and advisor to local health officers and physicians. More specifically he investigates the sources, causes and modes of transmission of communicable diseases and advises as to the best means of preventing such transmission and distributes free immunizing materials to doctors upon requests. All reports and statistics regarding communicable diseases (excepting tuberculosis and venereal disease) are handled and kept by this office.

Maternal and Child Health

The Division of Maternal and Child Health, under Federal grants-in-aid, provides financial and consultant assistance to all services in the field of maternal and child health, including public and professional postgraduate education, public health nursing, premature infant care, prenatal clinics, maternity nursing services and child health conferences.

Adult Hygiene and Geriatrics

The Division of Adult Hygiene and Geriatrics is concerned with the diseases and disabilities of advancing years and was created by the 1945 Indiana General Assembly to study the diseases of the ever increasing group of aged people.

This Division encourages the interest of professional groups, especially the medical, dental, nursing and social service professions in the problems of the aged and cooperates with groups in a practical program of recognition, prevention and treatment of the diseases and disabilities of middle and advancing age. It cooperates with and assists those organizations and movements already established, especially those having to do with cancer, tuberculosis, diseases of the circulatory systems, as these diseases constitute an important part of the problem of aging.

Bureau of Local Health Administration

The function of the Bureau of Local Health Administration is to promote and establish more adequate local public health services. Most public health administrators agree that the proper machinery for local health work should be built around a local full-time health department on either a city, county or district basis.

Because the office is an administrative one, specific details relating to the above activities are referred to and handled by the appropriate division. The Division of Local Health Administration acts as a clearing house for all matters pertaining to local public health work.

Hospital and Institutional Services

The Division of Hospitals and Institutional Services has as its functions the licensing of hospitals, the preparing of a State Plan for the development of a coordinated hospitals and health centers program throughout Indiana, the administration in conjunction with the Bureau of Sanitary Engineering, of the hospital construction program effected by Federal legislation, and providing consultation to institutions furnishing domiciliary care such as homes for aged, day nurseries and

orphanages. Typical work includes: annual inspection of hospitals and other institutions conferences with hospital administrators, physicians, leaders of various professional organizations and community groups interested in improving hospital facilities; review hospital construction plans; dissemination of educational material; development of hospital inspection forms and reports; and in conjunction with advisory groups issue licenses to hospitals.

Public Health Nursing

Public Health Nursing the world over started with the visiting nurse in the city caring for the sick poor. So it was in Indiana. Records show that a township trustee in Evansville employed two graduate nurses to care for the sick poor in their homes as early as 1897. Most of the early visiting nurses were employed by unofficial organizations, Visiting Nurse Associations, Tuberculosis Associations, etc.

After the first World War, county Red Cross Chapters had money in their treasuries and used it throughout Indiana to develop "town and county nursing services." By 1920, there were so many county Red Cross public health nurses in Indiana (all but 20 of the 92 counties had one) that the American Red Cross Public Health Nursing Service with the assistance and cooperation of John N. Hurty, M.D., then State Health Commissioner, started a Bureau of Nursing in the State Board of Health in May, 1920. From that date until 1921, the American Red Cross met the entire expense of the Bureau. In February, the Indiana State Tuberculosis Association began to share the salary and expenses of the nurse-director of the Bureau, while her assistant was financed by the American Red Cross. The State Board of Health furnished office space from the first, and in September, 1921, began to pay the salary of the office stenographer, and gradually assumed more of the financial responsibility until in 1923 the Bureau of Public Health Nursing was officially established in the State Board of Health. Thus a demonstration of public health nursing was made by the unofficial health agencies until the official agency saw its value and took it over.

The same development was taking place in the local areas of the State. Official funds in schools and counties here and there gradually began to help finance local public health nurses whom Red Cross Chapters and local tuberculosis associations had financed and demonstrated.

For many years county and city public health nurses were employed on the strength of an opinion of the attorney-general that money could be used by local health officers "to do what is reasonable and necessary for the prevention and suppression of disease and for protection of the public health."

In 1921, by regulation of the State Board of Education, graduate registered nurses with high school education could be licensed by that Board as Teachers of Health and Hygiene and employed by school boards and township school trustees.

A full-time health officer law was passed by the Indiana legislature making it possible for qualified public health nurses to be legally employed by city Common Councils or County Commissioners. (See Appendix E, 5 and Section II in this Manual for details of the law and qualifications for personnel.)

In 1935, the Indiana State Board of Education passed new regulations requiring better qualifications for public health nurses whom they licensed as Teachers of Health and Hygiene. For present requirements see Section II of this Manual.

The work of the Division is carried on by the Director, Specialized Consultant Nurses, and Branch Area Consultant and Assistant Consultant Nurses.

The main function of this Division is to aid local health departments, school systems and unofficial health agencies in developing and maintaining effective public health nursing services. To accomplish this, the Division:

1. Provides consultant service on public health nursing matters to all nursing organizations and nurses in the State. In other words, the division serves as a clearing house.
2. Assists private and public health agencies, boards of education, boards of health, industries and county commissioners to obtain qualified public health nurses. A roster with the qualifications of all pub-

lic health nurses employed in the State is kept on file. Each year the division cooperates with the United States Public Health Service in obtaining information on the number and qualifications of public health nurses in the State. This procedure makes it possible for the division to assist employers to find qualified applicants for positions.

3. The consultant staff is available for advisory service to nurses employed by County Commissioners and Boards of Health. In addition, consultant service is given to private agencies employing nurses, such as the Red Cross Chapters, Tuberculosis Societies, Visiting Nurse Associations and Boards of Education.
4. Continuous staff education programs are planned for all locally employed nurses. The programs vary according to the needs and requests of the local nurses.
5. Counseling is given to graduates and students regarding the opportunities prevailing in the public health nursing field.
6. Cooperation is given Indiana University in teaching public health nursing to public health nursing students.

Branch Offices

In order to facilitate the administration of the public health program five branch offices are established. Each branch office renders service to approximately 18 counties, thereby giving coverage to all 92 counties of the state. (See map at end of this section). Minimum personnel for each of the branch offices consists of a medical director, sanitary engineer, consultant nurse, assistant consultant nurse, health education consultant, venereal disease investigator, milk, food and drug sanitarians and clerks.

The branch offices supplement some of the present inadequate state health services. One of their most important functions is to encourage the development of local full-time health departments. The local public health personnel of each of the component counties of the branch area work with the branch office staff.

The branch offices serve to decentralize the activities of the State Board of Health. Major problems which are handled through these offices are those involving sanitation, public health education, maternal and child health and communicable disease control. Local health officials and physicians are assisted in finding cases and contacts of tuberculosis and venereal diseases.

The Medical Director of the Branch Office serves as a deputy State Health Officer for the area, chiefly in a consultative capacity in relation to the local health officials.

Full-Time Health Departments
(County, City-County or County Combination)

City County Health Units

Recent public health laws[2] provide a basic structure on which a greatly improved health program may be developed.

It is now legally possible for a county and second-class cities within the county to combine for the purpose of establishing a city-county full-time health department. A bi-partisan Board of Health, consisting of seven members, is provided for by law. Three of the members, one of whom must be a physician, are to be appointed by the Board of County Commissioners, and the Mayor selects three additional members, two of whom must be physicians. The County School Superintendent, by virtue of his office, is the seventh member of the board.

The powers of the seven member board include policy making, appointing the health officer and approving professional employees appointed by the health officer.

With this type of organization the County Council, for the purpose of providing funds for the operation of such a health department, levies a tax upon all taxable property within the county but without the corporate limits of second-class cities. The Common Council of the second-class cities levies the tax within their corporate limits.

County or Two or More County Health Units

It is also legally possible for any county, or two or more counties not to exceed a total of four, after receiving approval of the State Board of Health, to establish a full-time health department. Under this law, the proposition is voted on at the next general election, after a petition signed

[2] For specific laws see Appendix E, 3.

by ten percent of the resident freeholders is presented to the Board of County Commissioners. If a majority of the votes cast upon the question is favorable, the Commissioners *must* establish a full-time health department and the County Council of any county in which a full-time health department has been authorized must levy a tax, not to exceed one mill on each one dollar of taxable property, for the purpose of financing the program.

The Board of Health in a single county unit will consist of seven members appointed by the County Commissioners, three of whom must be physicians, one a dentist, one a school superintendent and two others selected for special fitness. In case of multiple county departments, the board will be comprised of two physicians, one school superintendent and one person selected for special fitness from each of the participating counties. The county or multiple county boards of health are given powers similar to those of the city-county boards.

State Funds

It is legally possible, when Federal or State funds are available, for the State Board of Health to deposit allotments with the county treasurer, thus making it possible for the local community to pay salaries of local employees.

As soon as practical, such full-time health departments should be organized. County boundaries should be considered in this organization when possible. Each health department should have a full-time health officer, a full-time public health nursing supervisor and an adequate staff of public health nurses, (one nurse for each 5,000 people is recommended minimum) a sanitary engineer and/or public health sanitarians. If the unit is large enough to support them, there should be added such other personnel as health educators and nutritionist.

Activities

The basic activities of such a department are: (a) obtaining and keeping vital statistics, (b) communicable disease control, which includes tuberculosis and venereal diseases, (c) maternal and infant hygiene, (d) preschool and school child hygiene, (e) adult hygiene, (f) environmental sanitation and (g) public health education.

Such a health unit will cost about one dollar ($1.00) per year for each person living in a county. In many instances the cost of a full-time health department will not exceed to any appreciable extent the county's total expenditures for its present limited health protection.[3]

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[3] See Appendix C for suggested guide to be used in estimating the cost of a Full-Time Health Department.

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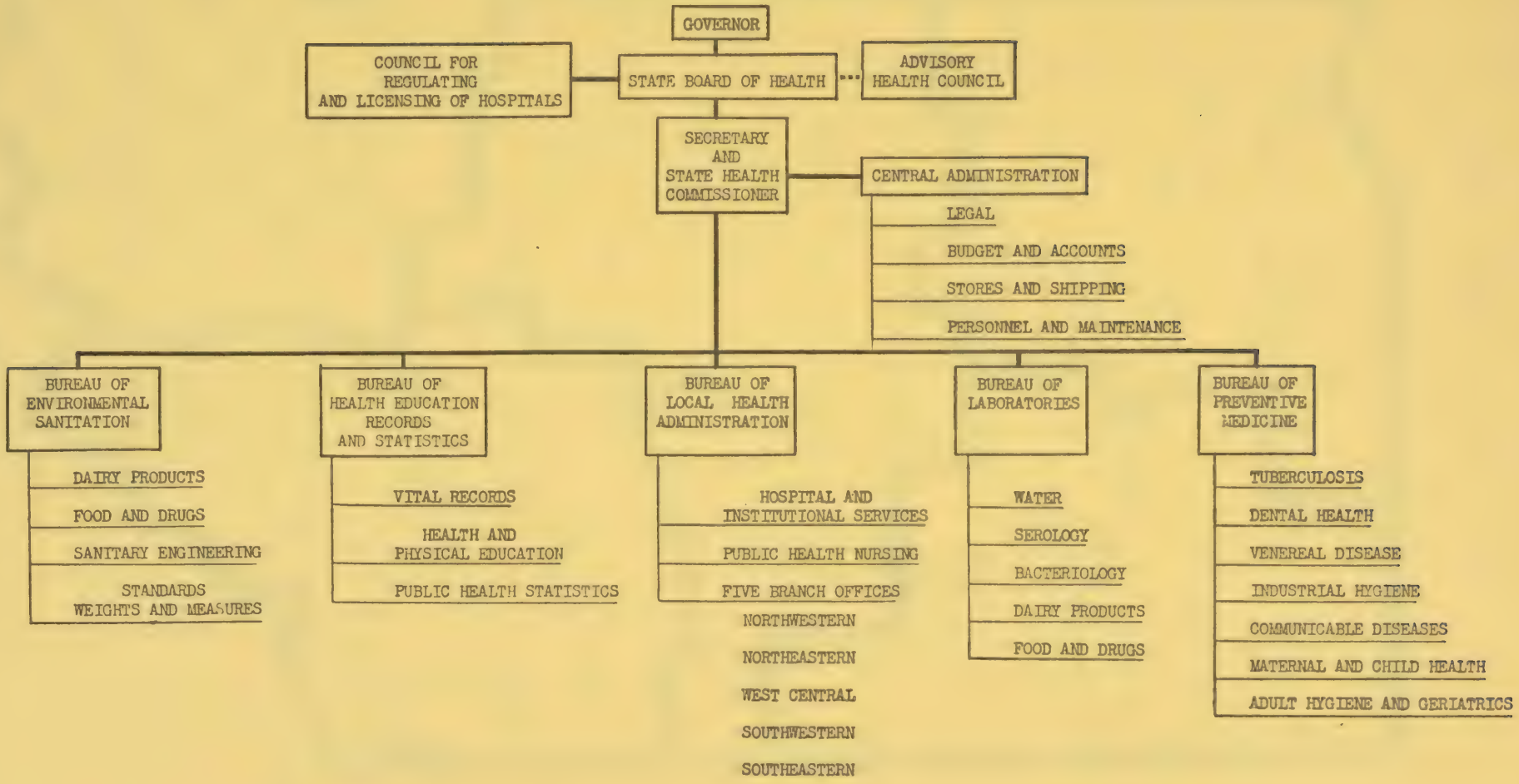
FUNCTIONAL CHART

INDIANA STATE BOARD OF HEALTH



BRANCH OFFICE AREAS

INDIANA STATE BOARD OF HEALTH

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SECTION II

ADMINISTRATION OF PUBLIC HEALTH NURSING SERVICES

Agencies employing Public Health Nurses in Indiana:

Who Employs Public Health Nurses In Indiana

A. Official Groups (Tax supported)[1]
County Commissioners or Common Councils of Cities, City, County and Township Boards of Education

B. Non-official Groups (Voluntary agencies)
Tuberculosis Associations
American Red Cross (County Chapters)
Industrial Concerns
Public Health Nursing Associations (Visiting Nurse)
Insurance Companies
Other, such as: Clubs and Societies.

C. Combinations of any of the above agencies.

The appointment of public health nurses by County Commissioners and Common Councils is contingent upon the approval of the State Board of Health. This board has set up the following regulations for the appointment and maintenance of such nurses, these regulations to be administered by the Division of Public Health Nursing of the Indiana State Board of Health which employs public health nurses on its staff to act in the capacity of consultants to public health nurses and employing officers in the state.

Public Health Nurse I

Minimum Qualifications for Nurses to be Approved by the State Board of Health for Employment of County Commissioners and Common Councils.

Personal

A public health nurse should be a person of vigorous health and of high ideals who acts in accordance with ethical standards. She must be a person who can be relied upon to be industrious in the performance of her duties and who can be depended upon to use good judgment and organize her work efficiently. She must also have ability to get on well with other people.

Minimum Experience and Educational Requirements for Nurse Working under Daily Supervision of a Qualified[2] Public Health Nurse. (This does not apply to county nurses):

High school education or equivalent as determined by the State Department of Public Instruction.

License to practice nursing in Indiana.

Six weeks' affiliation on a public health nursing staff or six semester hours earned toward a public health nursing certificate are desirable.

Miniumum Experience and Educational Requirements For Nurse Working Alone:

Graduation from a standard high school and from an accredited school of nursing.

License to practice nursing in Indiana.

Completion of a one-year course in approved university curriculum in public health nursing carrying academic credit.

or

One semester in an approved university curriculum in public health nursing carrying academic credit and one year of public health nursing experience under qualified supervision within the past five years.

(Experience cannot be substituted for a program of study in public health nursing).

Public Health Nurse Supervisor II

Minimum Experience and Educational Requirements For Supervisor:

Graduation from high school and from an accredited school of nursing.

License to practice nursing in the State of Indiana, College degree which included or was sup-

[1] For law, see Appendix E.

[2] A supervisor who meets the current National Organization for Public Health Nursing qualifications for her position.

plemented by the year's program of study in public health nursing, with at least one course in Principles of Supervision in a university meeting standards comparable to those set by the National Organization for Public Health Nursing.

At least *two* years of public health nursing experience, one of which was under qualified supervision and at least one of which was in a local health service.

or

A satisfactory equivalent combination of the above education and experience.

(Experience cannot be substituted for a program of study in public health nursing).

The following qualifications are necessary for licensing nurses as teachers of health and hygiene:

Regulations for the Licensing of Teachers of Health and Hygiene Public Health Nurses Employed by Schools in Indiana

I. A regular teacher's license in health and hygiene is valid for five years, renewable thereafter (in harmony with regulations of the State Board of Education for other types of teacher licenses). Applicants (nurses) for a license should present credits and qualifications as follows:

A. Graduation from high school.

B. Graduation from an accredited school of nursing and registration in Indiana.

C. Graduation from a standard college or university public health nursing course which is approved by N.O.P.H.N.[3] including the following subjects:

1. Principles of Public Health Nursing (school nursing accepted — 2 hours)	6	semester	hours
2. Nutrition	2	"	"
3. Social Case Work for Nurses	2	"	"
4. Public Health Organization or Preventive Medicine	2	"	"
5. Methods in Health Teaching	2	"	"
6. Field Practice Public Health Nursing	6	"	"
Practice Teaching in Health	2	"	"
7. Mental Hygiene	2	"	"

D. Fifteen semester hours in education. The following courses are suggested possibilities:

1. Elementary Educational Psychology
2. Advanced Educational Psychology
3. Secondary Education
4. Principles of Instruction in the High School
5. Psychology of Exceptional Children
6. School Health Course of Study Development
7. Content Materials in Safety Education
8. Introduction to Teaching
9. Child Psychology
10. Philosophy of Education
11. Problems in Guidance.

II. Permits may be issued to nurses who do not meet the qualifications for a license. Applicants for an *initial permit* in health and hygiene should present credits and qualifications as follows:

A. Graduation from high school

B. Graduation from an accredited school of nursing and registration in Indiana

C. Completion of six semesters hours from a university public health nursing course which is approved by N.O.P.H.N. including the following subjects:

1. Principles of Public Health Nursing (3 semester hours) *and one* or more of the following which will equal the required six hours

[3] The Division of Public Health Nursing, Indiana State Board of Health, can furnish a list of universities offering approved programs of study in public health nursing. A list and more complete description of courses can be obtained from the National Organization for Public Health Nursing, 1790 Broadway, New York, 19, New York. (One copy free to members of the organization.)

a. Nutrition
b. Social Case Work for Nurses
c. Elementary Psychology
d. Sociology

or

D. Completion of two years' successful experience on a generalized public health or school nursing staff under qualified public health nursing supervision. (Definition of qualified Public Health Nursing Supervisor:

1. Graduation from high school
2. Graduation from an accredited school of nursing, and registration in the state
3. College degree. Completion of the year's program of study in public health nursing in a university program approved by N.O.P.H.N. before appointment
4. At least two years' experience, one of which was under direct qualified nursing service in which family health is emphasized.)

A teacher's *permit* in health and hygiene is valid for one year. It may be renewed upon completion of three semester hours of additional work from a university public health nursing course which is approved by N.O.P.H.N.; or it may be renewed for a two-year period upon the completion of six semester hours.

III. *Emergency permits* will be considered by the Licensing Division of the Department of Public Instruction in cooperation with the Division of Public Health Nursing, Indiana State Board of Health, to fill positions which *cannot* be filled by qualified applicants.

An applicant for an emergency permit should present the following credits:

A. Graduation from high school
B. Graduation from an accredited school of nursing and registration in Indiana
C. Experience and/or education beyond nursing school which would broaden her understanding of children, the school, home and community situation
D. Such permits will be issued for the *current school year only* and renewable for the second year upon completion of the three required semester hours of credit, i.e., courses leading to a degree with a major in public health nursing. Such permits should not be valid beyond the second year but an initial permit should be granted upon the completion of six semester hours of work leading to a degree with a major in public health nursing.

Personnel Policies

Personnel policies[4] should be established by the employing agency. These policies should be in writing, with copies available to all members of the staff and all members of the employing agency. Consultant and Assistant Consultant nurses, upon request, will serve in an advisory capacity in the preparation of these policies. The policies will vary according to agency needs but in general should include regulations concerning the following items:

A. Time; total working hours, daily schedule, overtime, sick leave, vacation, maternity leave, holidays, death in family
B. Salaries; increments, overtime, intervals, salary classifications
C. Transportation
D. Physical Examinations (Printed forms are available from Nursing Division)
E. Staff Development (Educational meetings and activities)
F. Uniforms
G. Retirement Plans; age, specific plan
H. Termination of Service: length of time required for notice of resignation, form
I. Student Program—(Where students are accepted).
A. Orientation

Staff Education

All new nurses are given an introduction to the Central and Branch State Board of Health offices in order that they may become acquainted with the organization and per-

[4] *Personal Policies of Public Health Nursing Agencies*, National Organization for Public Health Nursing, 1790 Broadway, New York 19, New York.

sonnel. The policies, purposes and methods of the public health nurses' work are explained and demonstrated by the Consultant and Assistant Consultant nurses in the branch offices.

In some instances it is possible to have new nurses in rural public health spend time in observing other established public health nursing services in the state. The time varies from one week to one month. The branch office Consultant Nurses help decide on the needs and plans for such observation. Consultant nurses are available to help nurses in beginning their services and to visit them from time to time to help with problems. Nurses are free to write them and request their services at any time.

B. Staff Conferences

Meetings of staff members are held at regular intervals to disseminate information and to solve problems common to the group. All the personnel participates in planning and developing these conferences.

C. Institutes and other meetings

In addition to the regular staff conferences, public health nurses, if they can be spared from the service, judiciously select State, National, Welfare or Regional meetings dealing with health, educational or welfare problems to attend from time to time.

D. Extension Courses

Indiana University offers extension courses in public health nursing. Information may be secured from the Extension Division, Indiana University, Bloomington, Indiana.

E. Fellowships For Indiana Nurses For Study In Public Health Nursing.

Fellowships

The Purpose of the Fellowships.

The Indiana State Board of Health has available a limited number of fellowships for study in Public Health Nursing. The purpose is to help meet *the need for well-qualified nursing personnel.* This is necessary in order to insure the quality of service needed in the public health program being promoted by the Indiana State Board of Health. Fellowships are not a reward for years of service, nor are they designed to give nurses academic work to complete a degree. Their primary purpose is to give nurses basic training in public health and advanced preparation in selected special fields. The fellowships are awarded as carefully as possible to nurses who show evidence of being able to contribute most to community health and well-being.

Number of Fellowships Available

Federal appropriations for training purposes are made on an annual basis. It is not known from year to year whether or not they will be continued. The training budget is definitely limited and the number of stipends is small. Applicants must understand, therefore, that many requests will not be granted.

What Courses of Study are Included Through the Award of Fellowships?

1. General public health nursing
2. Advanced special training in the fields of tuberculosis control, venereal disease control and maternal and child health will be considered for nurses who have the necessary basic training and experience for Consultant and Assistant Consultant nursing positions.

Length of Course in General Public Health Nursing.

A semester of four months is the usual period for which a nurse is granted a fellowship for generalized public health nursing. Nurses are urged to matriculate at their own expense for the first semester and those who are successful in pursuing academic work and who show promise of developing in the field of public health nursing may apply for a fellowship for one semester. A candidate must attend two quarters at a university or college whose terms are administered on a quarterly basis. Fellowships may be allowed beyond one semester for nurses who previously have demonstrated outstanding ability in the field of public health nursing. Transportation may be allowed to and from a university which is located outside of the state if circumstances warrant this expenditure.

It must be understood that if the university should ask the student to discontinue for any reason, the stipend also will be discontinued.

Places of Study.

For universities or colleges offering course in public health nursing approved by National Organization for Public Health Nursing, see the Appendix A.

Financial Arrangements for Fellowships.

Tuition is allowed not to exceed that regularly charged for the period of training and does not include charges for books, laboratory fees and other incidental expenses unless such charges are a part of the tuition fee. If tuition amounts to more than this, the nurse must supplement it out of her own funds. The amount of stipend will be determined by the monthly salary provided for the position in which the trainee is to be employed in the state or local health programs. Such a stipend is paid to each nurse by check for the period while she is in school.

Requirements For Fellowship Eligibility

Indiana residence

High school graduation

License to practice nursing in Indiana

Ability to matriculate at the university to be attended.

Preference will be given to nurses:

Who have had a good educational background with college courses in Elementary Psychology, English Composition and Principles of Sociology

Who have had, during their basic nursing education, good clinical experience in obstetrics, pediatrics and communicable diseases

Who have had at least two years' experience in general nursing after graduation

Who are between twenty-three and thirty-five years of age. Personality, record of previous work and capacity for community leadership also receive careful consideration.

General Policies

The State Board of Health is interested in having well-qualified public health nurses employed in the state of Indiana.

If upon satisfactory completion of the course, a public health nurse takes a position under the supervision of the State Board of Health, *she is expected to continue for two years* at least, provided her services are satisfactory and the position is continued. If a position is not open to a public health nurse on completion of her study, an individual arrangement may be made whereby the State Board of Health may release her from her obligation.

The State Board of Health, through the Division of Public Health Nursing, reserves the right to help plan the courses which candidates take in the university, in order to prepare them for positions to be filled (nurses must be able to furnish their own cars when they go to the rural practice field). It also reserves the right to decide whether a nurse stay on at the university to complete a degree when there is a great need for qualified personnel in the state at that time.

Public health nurses employed in a state-subsidized service are expected to complete the university major in public health nursing (the equivalent of a certificate course) within four years.

If appointed to a position, two years of continuous service in a rural area is required of a nurse before a second leave of absence for study can be granted.

Nurses *must be free to accept an appointment* in any part of the state and will be asked to sign a statement of their ability, willingness and intention to do this. (form provided).

Procedures and First Steps

The following procedure for applying for all fellowships, submitting credentials, matriculating, etc., must be followed:

1. Write to universities listed for an announcement for the courses in public health nursing. Study the requirements for matriculation, the tuition fee, and the subjects offered, etc.
2. Write to the university you wish to attend in order to determine whether or not you can matriculate for an academic degree with a major in public health nursing or for a certificate in public health nursing. Send to the Division of Public Health Nursing, Indiana State Board of Health, a copy of the letter in which the university notifies you that you can matriculate.
3. Fill in the Professional History form (secure form from Indiana State Board of Health) and return promptly to Di-

vision of Public Health Nursing, Indiana State Board of Health. It takes considerable time for the Division of Public Health Nursing to secure responses from the sources of references suggested by the candidate. Name three nurses for references.

4. If the staff of the Division of Public Health Nursing is not acquainted with you and your work, a personal interview in the state office or in the field with a representative of that division, will be necessary.

If all of the above requirements are completed and you are on the eligible list from which the candidates will be selected, you will be expected also to have a thorough physical examination (including a Wasserman and chest X-ray) by a physician and to have a report of the findings forwarded on a State Board of Health form which will be furnished.

Appointments

Public health nurses, other than those who receive fellowships, are eligible for public health nursing positions in Indiana after the satisfactory completion of a year's course in public health nursing at one of the universities listed in Appendix A.

For qualifications of officially employed public health nurses in Indiana, or for further details, write to the Division of Public Health Nursing, Indiana State Board of Health, 1098 W. Michigan Street, Indianapolis, Indiana.

Uniforms

The national public health nurses' uniforms are recommended, choice of the particular uniform to be left to individual agency in relation to its needs.

The national uniform consist of these garments:[5]

A. *Navy blue dress,* with long or short sleeves, white removable pique bow. This dress is to be worn by public health nurses giving bedside care and any others who prefer to wear a dress.

Temporary material: navy blue poplin
Permanent material: Sudanette broadcloth as soon as it becomes available.

B. *Summer dress* made exactly like the winter dress, with short sleeves. There is an optional jacket with long sleeves which may be purchased by public health nurses who wish such an outfit. There is also an optional skirt which can be worn with the jacket as a two-piece suit. The three pieces may be purchased separately.

Material: seersucker—blue and white stripe.

C. *Navy blue topcoat,* with a removable red woolen lining. With the lining the coat can serve as a topcoat throughout the winter—without the lining throughout Spring and Fall. The coat can be worn also in rainy weather, as it is cravenette.
Material: navy blue heavy whipcord.

D. *Navy blue suit.* This is optional for those public health nurses who prefer a suit to a dress.

Material: navy blue serge.

E. *Blouse* to be worn with the suit. Light blue or white to be optional.

Material: light weight broadcloth.

F. *Hat.* There is a choice of two hats; one with a brim which can be worn in six different ways, the other an overseas cap to match the topcoat in winter and the seersucker dress in summer.

Equipment and Supplies

A special financial allowance from the appropriating body is customary to cover minimum equipment and supplies necessary for the new office. A yearly allowance or "contingent fund" is appropriated there-after for incidentals.

The requirements for individual services vary with the type of organization and service given. Following are suggestions for basic equipment:

Office: Often selected by the committee or officials responsible for establishing the nursing service. A good sized room has proved adequate but at least two rooms lend themselves better to the service; one for office interviewing and one for use as a

[5] Names and addresses of manufacturers whose garments have been approved may be secured by writing to the National Organization for Public Health Nursing, 1790 Broadway, New York 19, New York.

waiting room and classes. When possible, each nurse should have an individual desk.

It may prove practical in some instances for the health department to be housed with the hospital which is in keeping with the present trend toward Community Health Centers.

Furniture and Office Supplies:

Desk and desk chair
Straight back and folding chairs
Files:
  Letter Files—with lock 8 x 11
  Family Folder Files—with lock 5 x 8
  Tickler File 3 x 5
Cabinet or Cupboard for supplies
Scales—infant and adult
Typewriter
Telephone (possibly extension)
Literature display rack[6]
Two bulletin boards[7]
Book case
Electric plate or sterilizer
Waste baskets
File baskets
Door sign
Communicable Disease charts
Wall map of territory (may be obtained from Commissioner of Highways or Surveyor's office)
Vision chart (Obtainable at National Society for Prevention of Blindness, 1790 Broadway, New York, N. Y.)
Desk blotters
Pencils
Pen and ink
Staplers
Rubber bands
Paper clips
Thumb tacks
Erasers—plain and typewriter
Gowns (paper or cloth for communicable disease)
Drapes for chest clinic
Bed sheets for demonstrations
Manila file folders—2 dozen
File index cards:
1 set 3 x 5 (months)
1 set 3 x 5 (alphabet)
1 set 3 x 5 (blank)
2 sets 5 x 8 (alphabetical file guides)
Stationery:
Plain letter paper (500)
Mimeograph paper (500)
Plain envelopes (small and large)
Letterheads (500)
Printed envelopes (1,000)
1 box carbon paper
1 box onionskin for carbon copies
Records: (Obtained from State Board of Health)
Family health records
Tickler cards
Daily Report sheets
Literature—pamphlets, etc.

Nursing Bag Supplies, see Section III for equipment of nursing bag. The regulation bag may be secured from The Stanley Supply Company, 121 East 24th Street, New York, N. Y., or from Mead and Wheeler Company, 1022 S. Wabash Avenue, Chicago, Illinois.

The following reference books and literature are considered essential:

Essential References for the Nurse's Office

BOOKS

Anderson, Gaylord W. and Arnstein, Margaret G., *Communicable Disease Control,* McMillan Co., New York, N. Y. 1941. Second Edition, 434pp., $4.25.

Garrett, Annette, *Interviewing: It's Principles and Method,* Family Welfare Association of America, 122 East 22nd Street, New York, 1944. 123pp., $1.00.

Geitz, Nadine, *Social Hygiene Nursing Techniques,* American Social Hygiene Association, 1790 Broadway, New York, New York, 77pp., 25¢.

Harmer, Bertha and Henderson, Virginia, *The Principles and Practice of Nursing,* MacMillan Co., New York, N. Y. 1939.

Fourth Edition, 1047pp., $4.00.

Olsen, Lyla M., *Improvised Equipment, In Home Care of The Sick,* W. B. Saunders Co., Philadelphia. 1947. Fourth Edition, 265pp., $1.50.

[6] Be sure display rack is constructed so literature will be displayed to best advantage.

[7] One small one used near telephone with itinerary —one large one located in the office.

———*Year Book of the State of Indiana,* Division of Accounting and Statistics, 303 State House, Indianapolis, Indiana. Free.

National Organization for Public Health Nursing, *Manual of Public Health Nursing,* MacMillan Co., New York, N. Y. 1939. Third Edition, 529pp., $3.00.

National Organization for Public Health Nursing, *Board Members Manual,* MacMillan Co., New York, N. Y. 1938. Second Edition, 173pp., $1.90.

BOOKLETS AND PAMPHLETS

———*Here Is Your Indiana Government,* Indiana State Chamber of Commerce, Board of Trade Building, Indianapolis, Indiana. Second Edition, 1945. 92pp., $1.00.

Division of Services for Crippled Children, *Nursing and Physical Therapy Manual,* State Department of Public Welfare, 141 South Meridian Street, Indianapolis, Indiana. Free.

———*First Aid Text Book,* American Red Cross, National Headquarters, Washington, D. C. Revised 1945, 256pp., $1.00.

INDIANA STATE BOARD OF HEALTH PUBLICATIONS

Explanation of Indiana State Board of Health Nursing Record Forms For Public Health Nursing Services.

Filing System for County Nurses' Office.

Manual of Premature and Immature Infant Care.

Regulations For Communicable Disease Control.

MAGAZINES

Public Health Nursing, National Organization for Public Health Nursing, 1790 Broadway, New York, N. Y.

American Journal of Nursing, American Nurses' Association, 1790 Broadway, New York, N. Y.

Additional books are selected as needed. The suggested reading lists in this Manual may serve as a guide in these selections. Many of the references listed are available from the lending library of the state and Branch Offices of the State Board of Health.

Professional Membership

Every public health nurse should belong to the American Nurses' Association through the District and State Association, National Organization for Public Health Nursing Red Cross Nursing Services and the State Public Health Association.

Records

Various types of records are used to meet the needs of different organizations. A record system has been adopted by the Division of Public Health Nursing. There is a committee which revises this system when necessary in order to keep the records up to date. Limited supplies of these records are available to local agencies upon request. Consultant nurses will assist local nurses in setting up such a system. A publication of the State Board of Health, entitled, *Explanation of Indiana State Board of Health Nursing Record Forms For Public Health Nursing Service* is supplied to nurses upon request. This form explains the method of recording and includes copies of all the nursing records and reports available from the State Board of Health.

Clerical Assistance

When the service has developed to the point of needing clerical assistance, the Public Health Council may make recommendations to the County Commissioners or a private agency for financial assistance.

Filing System

A standard filing system has been approved by the Division of Public Health Nursing, State Board of Health. Printed instructions are furnished and assistance in installing the system is given by Consultant and Assistant Consultant nurses.

Transportation

The nurse's transportation while doing the work of the organization in the field is paid by the organization. When a nurse uses her own car for field work, it is customary for the organization to reimburse her. The cost of transportation for the nurse from her home to the office is met by the nurse.

Suggestions for Nurses Leaving Services

Checking the following items before leaving a service will help the nurse who follows to take over with the least amount of disturbance to the service. A notebook containing information as indicated is a convenient way of compiling this information.

RECORDS

Family service records

Are they up to date? Complete?

Are they correctly filed?

Are addresses and directions complete and clear?

Do the records show what the patient or family needs are?

Is there a plan on each record for the next visit?

Is the date for the next visit on record?

Is Explanation of Nursing Record Forms in your file?

Family Tickler Cards

Are they complete

Are they correctly filed?

School health records

Are they up-to-date

Where are they filed?

Clinic records

Are they complete

Where are they filed?

REPORTS

Are they carefully filed and labeled?

Reports of classes and talks—where filed?

Dates

Locations

Number enrolled

Average attendance

Names of members

Content of lessons or talks

Correspondence and reference material

Is it filed and labeled?

Special programs—how organized?

When organized

Are there records? Where?

If no records—summarize

Dental—schools

grades

Tuberculin testing—schools

grades

follow-up?

Preschool conferences or roundups—schools

physicians?

Obstetrical kits—complete summary—sponsored by whom?

Laundry?

Where kept

Sterilization?

Any other important items

Immunization—schools

grades

Is there a record of names, or have they been recorded in case records?

Premature

Nutrition

Other programs

Are the Survey Cards up-to-date and do they contain the following information?

HEALTH COUNCIL

List of members—indicate president and secretary

List of committees

Is there a report of past meetings available? Where?

Is there a planned program for the coming year?

Any pertinent information such as, prospective members, variation in program, etc.

List of physicians with addresses in county indicating any specialties

List of dentists with addresses

List of important organizations giving name of president and secretary, also special programs carried on by each

List of medical advisory committee.

DIRECTORY OF SCHOOLS

Available from County Superintendent of Schools

Map with schools located

School program which has been carried out.

MISCELLANEOUS

List of patients in State institutions. Date of hospitalization

Is plan for districting county and allocation of time for visits clear and understandable? Map showing districts?

Are drawers and cabinets cleaned out?

Are spot maps up-to-date?

Any supplies prepared and obtained for the office should be left in the office unless personally owned by the nurse.

INVENTORY

Furniture

Office supples

Nursing supplies

Books

Keys—left where?

Loan closet contents

Clinic supplies.

SECTION III

PUBLIC HEALTH NURSING PROGRAM, PROCEDURES AND TECHNIQUES

PUBLIC HEALTH NURSING PROGAM, PROCEDURES AND TECHNIQUES

Public health nurses and organizations employing them are responsible for maintaining a high level of service in harmony with the accepted philosophy of public health, and in line with scientific, social, and educational advances. After her office is equipped, the nurse is ready to develop the nursing program. She will proceed somewhat as follows, depending of course, upon the local situation and under the guidance of the medical director and consultant nurses in the branch office.

Steps in the Development of a Public Health Nursing Program

1. Make introductory visits to local health authorities, welfare organizations, medical groups, school authorities and lay leaders
2. Have a Medical Advisory Committee appointed
3. Compile standing orders and physician's recommendations for approval
4. Organize a nucleus for the Public Health Council, enlarging it as the need arises
5. Make a survey of the community
6. Define objectives. Decide what specific accomplishments or goals are hoped for in connection with each service. Decide relative amount of time to be given to each activity
7. Planning activities toward achieving objectives
   a. Divide area geographically into convenient working areas
   b. Make annual plan
   c. Make monthly and daily schedules
8. Make quarterly and yearly appraisals of services
9. Modify procedures in light of accumulating knowledge as to their effectiveness or lack of it.

Medical Advisory Committee

All public health nursing services should have provision for medical direction. This direction will vary according to the type of service given and the group served. In full-time health departments and in some industrial plants and schools, full-time medical directors are provided. In such instances, they assume leadership in the health program and are responsible for establishing relationships with the medical profession.

In agencies which do not employ a Medical Director, medical advice for the nursing service may be supplied by:

1. Medical Advisory Committee selected by the County Medical Society
2. Medical advisory service from the local, city and county health officers.

The Medical Advisory Committee should consist of a minimum of three members. The local health officers are usually included in this group. It should be possible to call the committee together whenever important medical problems arise. The Chairman of the Public Health Council and the nurse should meet with the Medical Advisory Committee to discuss the problems in hand with a view to a better understanding of the medical and public health viewpoint.

The Medical Advisory Committee should not only advise on medical problems but should interpret the work of the public health nurse to the entire medical group. The functions of the committee fall under the following principal headings:

1. New projects—The Medical Advisory Committee should be available to discuss projects under consideration by the nursing service
2. Existing activities—These may well be reviewed from time to time by the committee

3. Publicity—That which involves medical information should have the unqualified approval of the committee before being released. The selection of medical speakers for annual meetings or other public meetings of the nursing service or health council should be discussed with the committee

4. Interpretation of the public health nursing service. Activities should be explained to the local medical association by the advisory group. They should also arrange for talks and demonstrations for the medical group, and for articles in local medical publications; also should distribute to individual physicians reports which describe the work of the nursing service

5. Formulation and approval of standing orders and physician's recommendations.

A Guide For Setting Up Policies, Physician's Recommendations and Standing Orders

Preparing policies, recommendations and standing orders to be submitted to the Local Medical Society for approval is the joint responsibility of the Public Health Nurse, the Medical Director, and/or the Medical Advisory Committee. The nurse is advised to request the assistance of the Consultant nurse in the Branch office early in her plans for doing this. The nurse should meet with the medical group at the time the subject is presented to them. The following sample of minimum policies, recommendations and orders is meant to serve as a guide in the preparation of material which will suit the needs of individual services.

I. General Policies

A. The basic program and contemplated changes should be approved by the physicians in the community.

B. The nurse emphasizes the importance of medical care, but she does not recommend the selection of an individual physician. She gives nursing care under the direction of a licensed physician and is expected to communicate with the physician in attendance regarding each patient. In case there is no physician in attendance visits are continued only to give simple nursing care and health supervision.[1]

C. In special cases of economic need, the public health nurse should use the facilities provided by public and private agencies in cooperation with the family physician.

D. The nurse should make a written report to the physician or agency whose patient she has contacted—a sample form is contained in *Explanation of Indiana State Board of Health Nursing Record Forms for Public Health Nursing Services.*

E. Assistance at clinics or other activities involving medical service shall be undertaken only upon the approval of the Medical Society or by the physicians of the community.

F. Every public health nurse should understand and support the State and local health laws and regulations and keep in direct contact with the local and State health departments.

II. Physician's Recommendations On Care of Patients

(To be used as a guide to the nurse who in her daily routine is brought in contact with situations where there is no physician, or no orders given by the physician, or when the nurse has been unable to reach the physician for orders.)

A. *Emergencies and Accidents*

1. Nursing care is limited to first aid treatment as adopted by the American Red Cross for first aid treatment.

2. In the event of severe accident, immediate medical care should be secured by calling the nearest physician or hospital if it is not possible to locate the physician of the family; and if the patient is a minor, communicate with the parent or guardian immediately.

B. *Communicable Disease Control*

1. If communicable disease is suspected the nurse should explain to the fam-

[1] Bathing and making the patient comfortable in a clean bed, teaching personal hygiene, urging medical attention for all abnormal conditions.

ily the elementary principles of isolation, concurrent and terminal disinfection, and such other measures which will aid in preventing the spread of disease.

2. If the patient is attending school, the school official should be notified in writing in order that contacts of the patient may be properly observed.

3. The health officer of the area in which the school is located and in which the child resides should be notified of the occurrence of suspected communicable disease.

4. The nurse makes the patient as comfortable as possible and isolates him from all other persons.

5. Any of the following symptoms shall be considered sufficient reason for such isloation: fever 100° or more, coryza, rash, running ears, skin lesions suggestive of scabies or impetigo, sore throat, vomiting, inflamed eye lids, pediculosis.

6. In aiding in the control of preventable diseases nurses are expected to cooperate with the local health officer and to follow the Regulations of the State Board of Health. Teach the family the need for:

   Small pox vaccination at age of...
   Diphtheria immunization at age of ...
   Whooping Cough at age of...
   Measles immunization at age of...
   Tetanus

   (Secure individual physician's preferences if they differ).[2]

7. Group immunization programs shall be conducted with the approval of the local Medical Society. The nurse does preliminary education of the community, makes necessary arrangements for the program, assists the doctors at the time of immunization, and keeps records of the immunizations.

C. *Tuberculosis*

1. Refer suspected patients and contacts to the doctor and when indicated advise them to keep a temperature record and leave sputum containers for collecting specimens for analysis.

2. Infectious and potentially infectious cases (active or with tubercle bacilli in the sputum) are to be isolated preferably at a sanatorium following the diagnosis and recommendations of the attending physician or health officer. Such cases while awaiting admission to the sanatorium should be completely isolated at home. Special attention should be given to adequate terminal disinfection after the patient has left the houshold. Hospitalization is advised for other forms of tuberculosis according to the orders of the physician.

3. Medical examinations, including tuberculin tests and x-ray pictures, if necessary, should be urged for all members of the family and other close contacts of tuberculosis cases.

4. *Pulmonary Hemorrhage*
   Notify physician, place patient in bed with low pillow, do not allow patient to talk, reassure patient and family, apply ice bag to chest. Proceed further according to physician's instructions.

D. *Syphilis and Gonorrhea*

1. As problems in relation to syphilis and gonorrhea are encountered or brought to the attention of public health nurses, all available information regarding these problems should be referred to the local health officer for consultation and advice. When cases are known to be under medical care, problems relating to them should first be discussed with the attending physician.

2. The nurse assists with epidemiological follow-up work.

3. Information regarding venereal disease is always kept as confidential by the nurse.

[2] For schedule recommended by State Board of Health, see Section IV, "Communicable Disease Control" in this Manual.

E. *Health of Mothers*

1. *Prenatal Care,* booklet, published by U. S. Children's Bureau, Federal Security Administration, Washington, D. C., is to be used as the basis for instructive visits. (Physicians should be supplied with booklet and a statement in the Recommendations should indicate their approval of the above item.)

2. Individual physician's standing orders are to be secured for treatment and nursing procedures to be carried out for mothers and babies. These orders should include such items as:

   Intervals physician wishes patient to return for medical check-up, measures in personal prenatal hygiene, preparation for delivery, (supplies and nursing assistance), instructions in case of edema, nausea and vomiting, vaginal bleeding, symptoms of toxemia, hemorrhoids and varicosities, circumstances under which he wishes nurse to collect or do urine analysis and note blood pressure.

3. Individual physician's orders should also specify preferences regarding perineal cleanse, breast care, (routine and for engorgement) and length of time patients are to remain in bed, food for mother, exercises, if any desired, elimination, (routines to be used in absence of complications or sutures), procedure to follow in case of postpartum hemorrhage.

4. *Postpartum Hemorrhage:* Send for physician, massage fundus, elevate foot of bed, keep patient quiet and warm, apply ice bag to abdomen. Proceed further according to physician's orders.

F. *Health of Infants and Young Children*

1. *Infant Care and Child from One to Six,* published by U. S. Children's Bureau, Federal Security administration, Washington, D. C., to be used as the basis for instructive visits. (Physicians should be supplied with booklet and a statement in the Recommendations should indicate their approval of the above item.)

2. *Premature and Immature Infants*
   The birth of a premature or immature (less than five and one-half pounds) infant is an emergency. The nurse may place such babies in an incubator and give instructions on maintaining body temperature, feeding technique, isolation and other special nursing care pertaining to the premature or immature infant. Care to be based upon instructions given in *Manual of Premature and Immature Infant Care* by State Board of Health with changes or additional orders according to physician's wishes in individual cases.

3. New Born Infants
   a. If no doctor is in attendance the nurse is responsible for prophylactic protection of baby's eyes and registration of birth.
   b. If there is bleeding from the cord, the nurse may retie the cord and apply sterile dressing and tight binder. She should notify the physician immediately and save the evidence for his inspection.
   c. Encourage breast feeding unless there are contra-indictations.
   d. Nurse to make every effort to contact mother and new infant *within forty-eight hours after birth* in the home or baby's return from the hospital.
   e. Individual orders should be obtained to cover such items as: routine care of cord, intervals for feeding, formula if necessary.
   f. In case of diarrhea, advise only boiled water until seen by physician.

4. Infants and Young Children
   Individual orders to be obtained and to cover such items as: age to begin cod liver oil, orange juice and other foods, immunizations.

5. The nurse may organize and assist with well child conferences if approved by medical group.

G. *Health of School Children*

The public health nurse in school health work is usually under the immediate direction of the school administrator. In addition, the Nursing Advisory Committee or School Health Council, each with medical, dental and lay representation, helps guide the service.

1. Problems of school sanitation will be discussed with township trustees so that maximum health conditions may be furnished to all school children.
2. The nurse consults with parents on problems of child health and behavior habits and guides parents to other sources of aid which may be needed.
3. The school nurse is to aid in the control of communicable disease by helping parents and teachers recognize conditions for which the child should be isolated.
4. When head lice and nits are found and every effort has failed to get effective action from the family, the nurse, in order to prevent spread in the school, may treat pupils so infected with ..... by order of the health officer.
5. Inspection for detection of ring worm of the scap with a Woods Light may be done routinely, and in case of epidemic of same, clinics may be set up under the supervision of the Medical Society.
6. Skin infection (impetigo and scabies) Recommend seeing physician. School procedure in obstinate cases shall be ....., by order of the health officer.

H. *Morbidity*

(Nursing service to patients who are ill from any cause.) Where public health nursing personnel is limited, the nurse cannot be expected to give continuous bedside care to an individual, however, the public health nurse, working under medical direction, may render care to the sick in their homes for demonstration and teaching purposes, thus giving vital assistance to physicians as well as improving the care of the patient.

1. The first morbidity visit may be made without or before a physician is in attendance.
   Nurse's activities on this visit may include .....
2. Subsequent visits .....
   .....

   (Blanks to be filled in according to wishes of medical group. Ordinarily, repeat home visits, when there is no physician in attendance, are made chiefly to urge medical supervision and to secure diagnostic information to be reported to the family physician or health officer.)
3. Written or telephoned reports to the physician are mandatory, both for first and subsequent visits.

I. *Crippled Children's Services*

Assistance in the prevention and correction of physical handicaps due to bodily defects is an important duty of the public health nurse. The nurse works with the individual physician in the care and supervision of these cases.

1. Proper prenatal care, adequate delivery service, and effective training of the mother in the care of the new born, regular and continuous medical care, are preventive measures with which the nurse will concern herself.
2. Records of local orthopedic and cardiac cases and those with other physical defects should be as complete as possible and checked frequently with the State field consultant nurses of the Crippled Children's Division, Department of Public Welfare.
3. The nurse's duties are to teach general health supervision of the affected child, supervise prescribed therapeutic exercises, demonstrate home nursing, and aid in every way possible the rehabilitation of the patient.

A. *Purpose*

Public Health Council

An effective method of improving and promoting public health is through an organized group which is interested in public health. Such a group, which may be called a *Health Coun-*

cil, is a representative organization cooperatively working out a program for the promotion and protection of health.

The members of the group should know the health conditions of their area, they should study the latest scientific preventive measures which can decrease or ameliorate these conditions, and in turn bring these measures to the people of their area and help them put this knowledge into practice in their everyday living.

B. *Possible Ways by Which a Health Council May Aid in the Improvement of Health Conditions*

1. To aid in building better public health cooperative endeavor
2. To render volunteer assistance when such aid is essential to facilitate efficient administration of public health measures
3. To coordinate the local public health activities of official, non-official agencies and other groups interested in public health
4. To assist in the formulation of local policies for public health projects in conformity with the latest scientific knowledge
5. To interpret public health to the community, give it backing, and speak in its behalf before the appropriating body
6. To encourage the proper authorities to employ qualified personnel
7. To assist in maintaining continuity of personnel and a high standard of service.

C. *Suggested Approach to the Organization of a Health Council*

1. Groundwork

   There is no rigid pattern for organizing a Health Council. What may be appropriate in one community may not lend itself to another. The formulation of the Council should evolve from individuals within the given area. The nurse should serve as a motivating influence but for the most part remain in the background. Her chief contribution should be to individuals who in turn will assume the major responsibility for the organization of the Council.

2. Composition of a Health Council

   The members of a Health Council should have qualifications of leadership, foresight, initiative, interest, and sufficient time to serve. It is not to be presumed that every member will have all of the qualities except that of interest. Each member should have a sincere interest and then as many of the other qualities as possible.

   Members of the Council may be chosen as representatives of important organizations in the county, such as:

   a. Physicians
      (1) Health officer
      (2) Medical Society
   b. Dentists
   c. Nurses
      (1) Public health
      (2) Industrial
      (3) Institutional
   d. Schools
      (1) Administrative
      (2) Faculty
      (3) P.T.-A. and others
   e. Governmental Officials
      (1) Mayor
      (2) City Council
      (3) County Commissioners
      (4) Welfare Department
      (5) Judge
      (6) Township Trustee
      (7) Police and Fire Department
      (8) Others
   f. Social and Service Organizations
      (1) Patriotic
      (2) Fraternal
      (3) Civic
      (4) Youth
      (5) Women's groups
      (6) Others
   g. Voluntary Agencies
      (1) Red Cross

(2) National Foundation of Infantile Paralysis
(3) Tuberculosis
(4) Cancer
(5) Crippled Children
(6) Salvation Army
(7) Community Centers
(8) Others

h. Church
(1) Protestant
(2) Catholic
(3) Others

i. Industry
(1) Management
(2) Labor

j. Rural Groups
(1) Farm Bureau
(2) Agricultural Extension groups
(3) Others

k. Press and Radio

D. *Suggested General Policies of a Health Council*

The members of a Health Council will decide on the organizational set-up which they wish to follow. Usually the officers serve as the Executive Committee and other committees are appointed as needed. The frequency and place of meetings, constitution, and procedures should also be decided upon by the members of the Council.

Council activities should be developed according to the needs of the particular area.

Community Survey. Before a program of work is planned it is necessary to survey the area, in order that community needs and potentialities may be visualized. This makes it possible to plan wisely in the use of local facilities to meet problems in order of their importance.

Forms for making such a survey are provided by the State Board of Health and may be secured from the Consultant Nurses in the branch office. Nurses should confer with Consultant Nurse before beginning the survey. Only selected parts of the entire form will need to be completed at the beginning of the service and then a year later, other sections will need to be completed.

When interested citizen groups help in compiling facts for the survey, there is better understanding of problems involved and more interest in providing desirable health service for the community. The group interested in making such a survey will want to secure information regarding any other recent local surveys or studies made of activities which are in any way related to the public health service. This information may be secured from the various local agencies, such as:

Medical Society, Hospital, Chamber of Commerce, Department of Public Welfare, League of Women Voters, etc. It would be well to make inquiry of all these before starting a new study. Major points included in the forms which are available from the State Board of Health are as follows:

I. Basic Data and Community Facilities
Maps of county, brief history, population and economic statistics, government organization, personnel, hospitals, laboratory service, medical and nursing services

II. Definition of Problems
Analysis of mortality and morbidity statistics

III. Resources for Community Health Education
Social agencies, churches, county organizations, newspapers, movies, broadcasting stations, health councilor committees

IV. Communicable Disease Control
A survey of immunization status and statistical data on incidence of diseases

V. Tuberculosis Control

VI. Syphilis and Gonorrhea Control

VII. Maternal Health

VIII. Infant Health

IX. Preschool Health

X. School Health

XI. Adult Health

XII. Environmental Sanitation

After the data are secured the group makes a general summary, draws conclusions and makes recommendations. The sur-

vey will help in answering such questions as: "Is Communicable Disease Control a major problem, and if so, what needs to be done about it?" "Should major emphasis be placed upon infant care, prenatal, or post partum supervision?"

Representatives of allied agencies should meet to compare resources, personnel and programs. This representative group should then define objectives and plan a joint program as indicated by the survey and in consideration of available personnel and resources.

A copy of this survey should be kept in the public health nurse's office and brought up to date at yearly intervals.

Allocation of Time—In making program plans it is necessary to include no more work than can be accomplished during the working hours of each day, week and month. It is important to determine the relative value of various activities and elect to do those things which will obtain the best results for the greatest number of people.

Defining Objectives

There is no definite formula for determining relative values in health work. Dr. Mustard[3] lists the following points to be considered in relation to each service:

1. The mortality resulting directly or indirectly from each problem the service is designed to prevent or control
2. The morbidity resulting from each problem
3. The extent and limitations of the available knowledge regarding control of the problem
4. The practicability of applying control measures in light of the facilities available
5. The economics of applying control measures as compared with the cost of inadequate control or no control at all
6. The result to be achieved: Immediate or remote, and to what extent they will be complete, definite, and permanent
7. The by-products of the control measures under consideration, such as the contribution the service may make to the solution of another problem
8. The probability of public support or opposition if the control measures are undertaken
9. The probability of public criticism if the control measures are not undertaken.

Long Term and Annual Planning

In addition to the general objectives planned for a long period of time it is necessary to set intermediate goals more specific for each service concerned. The plan is aimed at setting goals for a certain number of purposeful and result producing activities. For instance, the plan may set an annual goal for the immunization of a certain proportion of the young child population, nursing visits to a certain percent of all births, etc. Desirable standards or goals of this sort may be determined by studying results shown in Health Practice Indices.[4] Accomplishments shown here may serve as a guide for setting standards which are suitable for the individual community, taking into consideration the available personnel and resources. Detailed activities on each service such as communicable disease, school programs, etc., are discussed in Section IV of this Manual.

Extending the Services of the Nurse

Planning and Organizing Toward Achieving Objectives

Ways in which the nurse may supplement for limited personnel:

1. Get as many helpers as possible to do work not requiring technical skill
2. Instruct in groups when possible
3. Have parents come to school or nurse's office when possible
4. Use telephone and letter contacts
5. Plan program so that certain activities can be done when weather and roads permit traveling, etc.

[3] Mustard, Harry, *Rural Health Practice*, The Commonwealth Fund, 41 E. 57th Street, New York, N. Y., 1936. Page 78.

[4] Subcommittee on State and Local Health Administration for the Committee on Administrative Practice of the American Public Health Association, Health Practice Indices, American Public Health Association, 1790 Broadway, New York 19, N. Y.

6. Make definite appointments for home visits, and thus eliminate many "not home" visits.

Case Selection and Frequency of Visits[5]

Case selection and frequency of visits are very important to program and work planning. Certain factors that influence the individual's or family's need for service include:

1. Immediate needs, as an acute illness or complication seriously affecting the entire family
2. Opportunities which the family has for receiving health services from other sources, as supervision of family physician
3. Ability to care for its own health needs
4. Receptiveness to help.

Districting or Zoning Nurse's Area

Dividing the area into smaller working districts or zones has proved helpful to rural and urban nurses in distributing their service more equitably and in developing greater community response to health measures. Rural nurses generally divide their areas in from three to five districts. Careful study should be given to this division with consideration of such factors as population distribution, roads, number of schools, local facilities for health protection, etc. Township lines usually make the best demarcation lines. After the area is zoned, the nurse should plan her program so that a proportionate amount of service is given in each district. To facilitate this, nurses generally plan to spend either one day of each week in each district or one week of each month in each district. The first plan, that is, one day each week is preferred since the nurse can keep in close touch with the community and visit the homes earlier for morbidity, post partum and infant service. A local committee member in each section may assume responsibility for receiving calls for the nurse in that area and for reporting health problems to her.

Monthly Plans and Schedules

Tentative monthly quotas and schedules for work are made from the yearly plan. Nurses are advised to make out and follow a monthly itinerary. The itinerary may be used as a "date book" and kept several months in advance. Time should be allowed for committee meetings, classes, talks, and work on records as well as for home and office nursing visits. It is recognized that programs are disrupted in case of epidemics, road conditions, etc. However, care should be exercised in determining what is sufficient emergency to warrant a change from the planned schedule.

Tickler File to Plan Daily Work

Nurses will find that a tickler file will help them in work planning. Suggestions on ways of setting up and using a tickler file are given in *Explanation of Indiana State Board of Health Record Forms,* Indiana State Board of Health.

When the nurse has her area zoned, her annual and monthly plan of work made, and the tickler file in working order, the daily work planning should be very easy. Urgent calls occasionally come which may change the daily plan, but the nursing files, bag, and records should be so well set up that the nurse can easily assemble case material for making unexpected visits and still carry out at least a part of her planned program. It should be possible to rearrange the day's schedule to include other visits pending in the district to which the nurse is called, thus saving time and travel expense.

Another aid to good daily planning is for the nurse to make out a list of families that she wants to visit in the area before she leaves the office. Good daily planning calls for a distribution of services such as maternity, communicable disease, infant, preschool, etc. Also good planning entails rendering complete service in the family at the time of a visit. In doing this, the nurse must plan for each family visit individually.

Evaluating Health Services

The survey form, when kept up to date, provides the basis for an evaluation of service and can be used for this purpose with yearly statistical activities reports. The nurse will need to check her services at frequent intervals in order to insure proper distribution. At the end of the year a thorough and critical

[5] See Section IV of this Manual for further information on case selection and frequency of visits.

evaluation should be made. The nurse should appraise the effectiveness of procedures; discard the less useful and develop the more productive phases. In making program adjustments, it is important to realize that new services cannot be added beyond a certain point without the addition of personnel or curtailment of existing service; therefore, the value of adding new services should be carefully considered.

PUBLIC HEALTH NURSING PROCEDURES AND TECHNIQUES

The modern concept of public health education work is based upon the needs of every family and individual in the community. With the present number of public health nurses, the impossibility of meeting these needs, through individual contact is obvious. The public health nurse can supplement her individual contacts by group instruction in order to extend her services to a larger group in the community.

The Group as a Unit of Work

In planning community education the nurse will find it helpful to know about the social activities of the community—is there an inclination to meet in groups? If so, what bearing would this have on organizing classes in home nursing or maternal and infant care? Some communities are so highly organized into groups of various kinds that the above instruction is best made a part of an already organized group, such as, Home Economics Clubs, P.-T.A. groups, religious groups, service clubs, etc.

One of the most important factors involved in group work is the effectiveness of the leader. Successful group work is done by individuals who not only have gained teaching skills and a knowledge of the topic to be considered, but also have become acquainted with all the social implications of the subject and know the capabilities and interest of the group. Upon the leader rests the responsibility for guiding the group and getting "the points across" to the audience.

In group work it is as important to consider the preparation as it is to consider the actual participation. The following guide has been prepared to help you in planning your participation in group work.

Determine What Is To Be Accomplished

I. The following list suggests possible objectives for group meetings:

A. Inform the public of the public health program

B. Draw attention to the needs of the community and available resources

C. Give a progress report of the nursing services

D. Make clear the steps to take in using public health nursing service

E. Instruct individuals in the care of the sick and assist in the promotion of a safer, happier, more satisfactory home

F. Influence personal conduct in matters of health or safety.

Consider Ways of Accomplishing Objectives

II. The following list gives possible suggestions which may be used singly or combined to attain your objectives:

A. Give lecture or lecturette

B. Lead a discussion

C. Ask questions

D. Give demonstration

E. Plan panel, roundtable, etc.

F. Plan use of audio-visual aids.

Consideration will need to be given to drill, review, assignment, and appreciation when conducting a series of lectures or a course.

Is the method you have selected in accordance with the objective of the meeting or group? Can it be used successfully with this group or in this place?

Evaluation of Teaching Materials

III. The following criteria for evaluating teaching materials may be helpful in assisting you in making your selection:

A. Selection of content

1. Is the material designed primarily as a teaching aid?
2. For what group is the material suited?
3. To what extent does the material contribute to the objectives of the unit or learning experience?

4. Are facilities available for proper use of this material?
5. Would this course be incomplete without this?

B. Evaluation of content
1. Accuracy
   a. Is the information scientifically sound?
   b. Are the recent developments in science incorporated?
   c. Is it free from obsolete information?
   d. Is it free from objectionable advertising or propaganda?
   e. Does it give consideration to differing medical opinions?
2. Appropriateness
   a. Is the content appropriate to the needs, circumstances, and interest of the group?
   b. Is it suited to capabilities of group?
   c. Does it avoid or explain technical terms?
3. Potential use of material
   a. May the material be used?
      (1) To introduce a topic
      (2) To demonstrate specific techniques
      (3) To present specific information
      (4) To widen quickly the range of understanding
      (5) To develop appreciations
      (6) To review or summarize
   b. To what extent does the material present the subject more effectively and more quickly than could be done by other means?
4. Acceptability
   a. Are there any contradictions in the teaching material?
      (1) Does it in any way increase basic resistance?
      (2) Is the mental hygiene aspect considered?
      (3) Does it avoid phrases such as: the mother "must" or a "good" mother will?
   b. Is there a consideration of sight preservation used in the form?

IV. What is your responsibility for the preparation of the place of the meeting?

Preparation of Place of Meeting

Successful meetings do not just happen, they take time, thought, careful planning and skillful execution. Meetings are not necessarily a one man job, but it is better to centralize the responsibility for planning them. In some cases the ideas of many people are needed in the planning of a meeting, however, if possible one person should have charge of coordinating all the work. The person responsible for conducting a lecture or series of lectures should make sure that the environment is appropriate for the occasion.

Consider the following:

Furniture
Size of room
Blackboards
Lighting—extra bulbs if needed
Doors for squeaks and fastenings
Window rattling
Exit for improved traffic control
Electrical outlets
Blackout arrangement for use of films
Adequate provision for demonstration or use of visual materials.

V. What consideration have you given for evaluating this experience?

Family Unit As Basis Of Work

The public health nurse today centers her interest upon the family as the basis for promoting public health. What it can do to attain good health and what the community can offer to protect the family are her constant concern. When her attention is called to the new infant needing care, the preschool child trying to build for the future, the school child requiring professional service, the adolescent and the adult members, she views each as a member of the entire family unit and recognizes the factors

that influence the health of its members, physically, emotionally, economically, and socially, all contributing toward the well being of the family group. With the interplay of attitudes, the optimum health of one member depends for its attainment upon all other members. The nurse therefore must be prepared to recognize and interpret family attitudes, problems, and resources.

It is not intended to present here a complete course in family health work, but to acquaint the nurse with a few of the fundamental principles and to stimulate further study. Mental hygiene, the art of interviewing, and family relations are subjects with which the nurse should have an intimate and working knowledge.

To the question so frequently asked, "What should the nurse do and how much information should be obtained at the first interview or on the first visit?" The answer so often given is, "Perhaps only a friendly visit to get acquainted." However, with the time element at a premium, the best use should be made of each visit and with skill in guiding the interview, friendliness can be established and at the same time helpful and necessary information obtained. Each visit should have a definite purpose although the purpose may not always be achieved.

Home Visit

The primary functions of home visits are:

1. To give nursing care with emphasis on demonstration
2. To supervise care given by relative or attendant
3. To give continuous health supervision to the family

To teach in the home we must:

1. Motivate (create a desire in the learner to carry out good health practices)
2. Teach slowly the *how* and *why* of the service
3. Review instructions and suggestions
4. Commend

The following is offered as a guide for planning home visits:

I. Previsit preparations
   - A. Have correct name, address and directions
   - B. Know reason for referral
   - C. Obtain all available information from other agencies
   - D. Obtain specific medical orders as needed
   - E. Have adequate nursing equipment
   - F. Review previous records

II. Previsit plan
   - A. Determine present problems
   - B. Plan visit content

III. Actual visit
   - A. Introduction or greeting
   - B. Evaluate situation
   - C. Adapt or change plan made to meet present need
   - D. Teach by:
     1. Giving nursing service as indicated
     2. Demonstration
     3. Conservation
     4. Observation of individual giving care
     5. Use of appropriate literature
   - E. Record identifying information
   - F. Summarize visit

IV. Recording
   - A. Source and date of referral
   - B. Situation found
   - C. Patient's attitude and knowledge of problem
   - D. Services rendered
   - E. Tentative date and plan for next visit

V. Evaluation of home visit
   - A. Was teaching based on the immediate problem?
   - B. Was information specific and technically sound?
   - C. Was every opportunity utilized to teach by demonstration?
   - D. Was family commended for effort and progress made?
   - E. Was the rapport with the family effected by approach, preconceived attitudes or prejudices?
   - F. Was visit summarized and plan for future visits made?

Adaption of Procedures To Home Situations

Finished workmanship and consideration of the patient's emotional as well as physical comfort are especially urged for nursing service given in homes. A knowledge of the principles involved in specific nursing procedures is presupposed. If questions arise, the nurse should take the responsibility of consulting a standard text book.

Resourcefulness and ingenuity are constantly required of the nurse who is called upon to adapt her knowledge of nursing procedures to various home situations. The following routine procedures may be helpful:

Nursing Bag

It is necessary that every public health nurse have a bag containing a minimum of equipment to meet the average nursing need in the home, to insure cleanliness in handling patients, to prevent the spread of latent diseases from one home to another and to demonstrate basic principles in nursing care.

Equipment of Nursing Bag

Such minimum equipment includes:

Green soap
Hand lotion
Safety pins
Medicine dropper
Cord ties, at least 3
Alcohol (70 percent)
Mineral Oil
Adhesive
Sterile Gauze Dressing 2″ x 2″
Two Haemostats
Scissors
Tissue forceps
A small funnel
Baby scales
Enamel basin
Safety razor and blades
Roll Bandage
Cotton in Bag
Paper Towels
Slides, wrapped
Applicators, tooth picks and tongue blades (wrapped)
Thermometers (1 oral—In glass cases labeled *O* and *R* and containing alcohol— 70 percent)
1 rectal)
An extra rectal and oral thermometer for emergency
Rubber catheter #14 F.
Rectal tubes (for adults)—#30 tube
(for child)—catheter #16 Fr.
Soap—either cake in container, tube of shaving cream or soap tissues
Apron in a cloth or paper bag
A record case of cloth or oilcloth may be carried in the bag

Other equipment should be added as necessary to perform duties in keeping with individual community policies.

Daily replenishing of supplies is necessary and should at all times meet standard requirements.

Care of Equipment

Bottles—label neatly and clearly (a poison label should be added if lysol or other poisonous disinfectants are carried in the bag)

Glass articles—wash and boil five minutes after using

Rubber goods—wash and boil five minutes, then dry

Instruments—wash and boil five minutes. Dry. Oil frequently

Enamel basin—clean each time used. The use of a suitable basin, available in the home is recommended

Apron—change frequently. Never replace an apron in the bag that has been contaminated, as in a communicable disease case, but wrap in a paper and disinfect before laundering. Carry an extra apron in the car for emergency

Additional care as indicated: Wash lining and change soiled labels

Change cloth cases or bags
Change thermometer solution and sterilize thermometer case
Clean leather with saddle soap and oil to preserve the same.

Bag Procedure

Recommended procedure for use of bag: Place the nursing bag on a newspaper. Choose a flat surface, preferably a table, where it can be left safely during the visit. Remove hat and coat. Fold the coat outside out and place on back of a plain clean chair away from the wall. Place hat on top of coat. Roll sleeves well above elbows. Organize the work and, with the aid of a responsible

member of the family, secure and arrange all home equipment needed.

Make a paper bag for all waste materials. Open the nursing bag. Remove a paper towel and spread on the work area. Remove soap and paper towels. After washing hands thoroughly under running water, remove the following articles from the bag and place on a paper towel: thermometer (the case left in bag), cotton pledgets, green soap, alcohol, apron which is put on, replacing the apron case in the bag, any other articles needed for care or special treatments and which are not supplied by the family. Close the bag. If necessary to return to bag, hands must be washed so that the inside of the bag is kept clean at all times.

Necessary care may be given next. This may include temperature, bed bath, dressing, etc. After completing care, observe the following rules:

Wash hands thoroughly; wipe off all used articles with cotton pledget moistened in alcohol and return to the bag. Remove apron, fold lengthwise with exposed surfaces closed in. Return to case in bag. Write records.

Oral Temperature

Thermometer Technique

Use "Bag Procedure" for preparing clean field and arranging equipment, then:

Rinse the thermometer with cold running water or wipe with cotton moistened with water. Take the temperature allowing adequate time to register (3 minutes at least). Wipe the thermometer with dry cotton and read. Clean the thermometer thoroughly with at least two cotton pledgets moistened with soap by holding by top and using spiral motion from top downward. Rinse, dry and place on clean area. Replace in bag with other articles later.

Rectal Temperature

Lubricant—oil—will be needed in addition to equipment listed for taking oral temperature

Rinse the thermometer with cold running water or moistened pledget

Use a cotton pledget to apply lubricant

Insert thermometer in the rectum and hold there for five minutes

Remove and wipe with dry pledget in order to remove fecal matter before reading

Scrub well with cotton moistened with soap, using a spiral motion downward toward the bulb. Rinse well under running water. If running water is available only at the kitchen sink, hold the thermometer over the toilet, a waste pail or a paper bag while cleansing. Dry and place on clean area. Replace in bag with other articles later.

Thermometer Tray for Clinic

The selection of tray and equipment should be based on adequacy as to size and ease with which articles may be cleansed and used. Thought should also be given to uniformity and neatness. The following articles are suggested as minimum:

Jar of liquid green soap

Jar of cotton pledgets

Paper bag for waste

Container with alcohol and thermometers (place some cotton in bottom of container to protect thermometer tips)

Water—a pitcher of water and basin if running water is not available.

One thermometer for each two patients for clinic use is desirable.

A tube of vaseline and rectal thermometers may also be needed in Well Child Conferences.

Facilities for hand washing should be provided in clinics for the person taking temperatures.

The same procedure for taking temperature and cleansing the thermometers should be used in the clinic as is used in the home visit except that each thermometer should be allowed to remain in the alcohol, after using and before re-using, at least five minutes. (Between home calls, the thermometer is in a case containing alcohol).

Trays should be thoroughly cleansed after each clinic.

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SECTION IV

PUBLIC HEALTH NURSING SERVICES

PUBLIC HEALTH NURSING SERVICES

The purposes of this section are:

1. To present a brief picture of the situation or the definition of each service as it exists today
2. To give the public health nurse an idea as to where the general responsibility lies for each service
3. To outline the public health nurses' responsibilities in each service
4. To give briefly, either by actual outline or by reference, the policies, techniques and procedures for public health nurses in these various services
5. To list teaching equipment which each nursing service might have available for use in nursing visits and group work
6. To suggest readings which will broaden the nurse's knowledge and improve her techniques in each of the services.

COMMUNICABLE DISEASES

Definition

Communicable disease, as the term is generally used, is any disease caused by a living agent which is transmissible from one person to another or in some instances from animal to person. For all practical purposes no distinction need to be made between the terms infectious, contagious and communicable diseases.

General Authority in Communicable Disease

Authority to control communicable diseases is vested in the government.

The Federal Government is concerned with—

1. The prevention of importation of disease from abroad.
2. Prevention of the interstate spread of disease.
3. Maintenance of the health of the nation as a whole in general but not in detail.

The State Government has as its responsibility the prevention of diseases within its own borders and the maintenance of health of its own citizens. The activities of the Indiana State Board of Health concerned with the prevention and control of acute communicable diseases, including venereal diseases and tuberculosis, are vested in the Bureau of Preventive Medicine. For the functions of this bureau refer to Section I of this Manual.

Counties and cities administer and carry on the details of communicable disease programs. Control of communicable disease is a fundamental responsibility and function of the local official health agency.[1]

Other branches of government which play an important part in a community's program include schools, agencies that direct hospitalization and welfare services, and police departments. No effective program can be carried on without cooperation between all these units of government.

Reporting:

Board of Health Regulations

For regulations regarding the reporting of communicable diseases refer to *Communicable Disease Regulations,* Indiana State Board of Health.

For regulations covering the isolation, placarding and quarantine of communicable diseases and of concurrent and terminal disinfection also refer to *Communicable Disease Regulations,* Indiana State Board of Health.

Epidemics:

The county or city health officer or the medical director in full-time health units investigates diseases of epidemic nature, seeks out the source of infection in individual cases and takes steps to prevent the occurrence of such diseases in his jurisdiction. The epidemiological investigations are the joint responsibility of the physician, the public health nurse and the sanitation personnel. The State Board of Health may assist in making routine investigations of such conditions as food poisonings, acute epidemics, cerebro-spinal diseases, undulant fever, trichinosis, etc.

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[1] See Appendix E.

When epidemics of communicable disease occur in a community, orders are issued by the local health officer or the medical director of the local health unit as to means to be employed in preventing spread.

The Public Health Nurse in the Control of Communicable Diseases

Public health nurses assist others in the health department in the control of communicable diseases.[2] Nurses who are employed by the non-official agencies help as well as those employed by official governing bodies.

Constant alertness to source of infection, possible contact, and community control measures are the responsibilities of every nurse. All nurses should consider it their responsibility to assist health officials by:

1. Teaching the community prevention and methods of care
2. Finding and reporting cases early. If the nurse finds persons ill from suspected communicable disease, who refuse or cannot afford an attending physician, she should report same to local health officer
3. Reinforcing the teaching concerning isolation and quarantine, terminal and concurrent disinfection, by means of demonstrating nursing care of the sick under the physician's orders
4. Assisting in immunization programs.

Hygienic projects as the purification of water supplies, pasteurization of milk, and the prevention of contaminated food supplies are major factors in communicable disease control, and come under the supervision of public health agencies. The nurse, in teaching good personal and family hygiene, is contributing to the control of communicable disease.

The policy of the State Board of Health is to discourage the deputization of the public health nurse but this may be done by the health officer under certain conditions. In such instances the nurses have the authority of law behind them. However, education is considered more effective than force in obtaining compliance with the laws. It is better for the family to feel that the nurse is there to help, rather than to enforce the law. The nurse should explain the reasons for regulations.

The main emphasis in most programs, particularly in rural areas, is continuous education during home visits for other services, through nurses' visits to school, through distribution of literature, through talks to parent teacher groups and through other channels of publicity.

The nurse can do her most effective teaching regarding prevention when she is visiting a family in the interest of infant and preschool supervision. At this time she teaches the importance of immunization against diphtheria, small pox, whooping cough, measles and other communicable diseases.

The Home Visit

Guiding Principles: In order to give guidance in communicable diseases, the nurse must know the underlying bacteriological principles of methods of invasion, the body's protective forces and the reaction to invasions. In addition a thorough knowledge of each disease is essential when cases are present in the community. The family may need help to recognize the value of medical care for even a mild illness, and may need guidance in securing such care. Every cold is considered as the possible onset of a more serious illness.

The management of a contagious disease is based on certain definite principles:

1. Contagious diseases are spread from person to person by direct or indirect contact.
2. To prevent the spread of contagion, contact of any type must be prevented if possible, and where prevention is not possible, concurrent disinfection should be instituted.
3. Causative organisms are most virulent while secretions and excretions are in a fresh, moist state. All secretions or excretions should be destroyed at once.
4. Secondary infections, particularly of the upper respiratory tract, are usually as contagious as the primary disease.

[2] For functions, refer to National Organization for Public Health Nursing, *Manual of Public Health Nursing*, The Macmillan Co., New York, N. Y., 1939, pp. 225, 226, 270, 336, 337.

When the public health nurse contacts the physician, she asks for any specific instructions regarding individual cases. In any case of communicable disease, good nursing care is the first concern of the nurse. Nursing care of patients with communicable diseases is essentially the same as for any other type of illness. It includes instructions to the individual caring for the patient in regard to the following: isolation, bed rest, fresh air, fluid intake, elimination, kind and amount of food, diversional activities and protection against secondary infections.

Case Selection:

It is usually impossible because of inadequate personnel to make public health nursing care available to all cases of communicable disease. The chart at the end of this section has been prepared to assist the nurse in her selection and responsibility regarding the home visit to communicable disease cases. It is assumed that the nurse will use this chart only as a guide and will actually select her communicable disease cases on a basis of family and community need. The factors to be considered are the severity of the illness, the adequacy of the supplementary care and supervision, the teachability of the family and specific requests of the physician. Postpartum or surgical cases may be carried concurrently with communicable disease cases if approved by the attending physician in either specific or standing orders.

Nutrition:

The general requirements for the diet when there is a fever in communicable disease may be summarized as follows:

1. Sufficient caloric intake to meet the requirements of the increased metabolic exchange, which may be 40 to 70 percent above normal
2. An abundance of carbohydrate, which provides a readily available source of energy, spares protein and provides the carbohydrate factor necessary for the complete combustion of fat
3. A moderate allowance of protein to cover replacement of tissue protein breakdown
4. An adequate intake of salt (sodium chloride). Liquid diets are usually low in sodium chloride and may have to be reinforced by addition of salt.
5. Foods of high vitamin content are given as much as possible, as milk, citrous fruit juices, tomato juice and eggnogs. Concentrated vitamin preparations may have to be included in the diet to insure an adequate intake of the various vitamins. In diseases with fever, the vitamin requirements are increased, particularly for Vitamin B_1 and Vitamin C.
6. Food should be carefully chosen for each patient, should be of easy digestibility and attractively served.

The attending physician may prescribe a diet for the patient; otherwise, the following diets may be used in acute stage of communicable disease and convalescence:

Diet for Acute Stage of Communicable Disease

Liquid diet for a few days after first onset of fever which may include the following:

- Milk (may be contraindicated in acute poliomyelitis)[3]
- Buttermilk
- Eggnogs
- Albumen water[4]
- Fruit juices, particularly citrous fruit juices
- Vegetable juices
- Broth

Diet in Convalescence from Communicable Disease

- Milk in various forms
- Mild fruit juices, to which lactose may be added for extra calories
- Cream soups
- Gruels—strained at first, with added Vitamin B_1
- Eggs, raw or soft-cooked
- Cream and butter
- Custards, ice cream and sherberts, blanc mange and gelatin jellies. Milk sugar (lactose) added for sweetening will increase the caloric value.
- Toast

[3] Division of Services For Crippled Children, *Nursing and Physical Therapy Manual*, State Department of Public Welfare, 141 S. Meridian St., Indianapolis, Indiana.

[4] Ibid.

Breakfast cereals thoroughly cooked and strained

Baked and mashed potato, rice.

Such a diet is adapted to the early stage of convalescence and may even be prescribed during the later stages of fever. Other soft, easily digested foods as vegetable and fruit puree should be added gradually as the patient progresses. Gradually the patient will return to a normal, adequate diet.

Orthopedics:

The more common communicable diseases with orthopedic implications are listed below. These diseases may injure or destroy nerve cells, bones, joints or other tissue. Good nursing care can do much to prevent or minimize deformity and/or disability.

Disease	Possible Sequelae
1. Poliomyelitis	Paralysis and/or contractures
2. Tuberculosis	Bone and Joint destruction
3. German Measles	Cerebral palsy—muscular incoordination
4. Gonorrhea	Arthritis—Joint disability or destruction
5. Syphilis	Bone and joint destruction
6. Typhoid Fever	Osteomyelitis or periostitis, bone destruction

Any febrile disease may have orthopedic sequelae.

Mental Hygiene:

The nurse may help to prevent the patient, who is isolated, from developing a sense of rejection which might encourage introversion. The family needs help in understanding that the patient may be emotionally disturbed due to his isolation.

Isolation Procedure and Equipment:

The principles of isolation technique are explained to the helper; that everything inside patient's room is contaminated and articles removed from the room must be properly cleansed before being brought into the clean area. If it is ever necessary for the nurse or attendant to leave the room in her gown, great care must be taken that the gown does not come in contact with clean surfaces.

Instructions are given to the helper regarding the daily cleansing of the patient's room. Damp dusting and washing with soap and water are advised. Any Department of Health Regulations which are not clearly understood should be clarified.

Provide, when possible, a bright, easily ventilated room completely screened, free from unnecessary furniture, rugs, and draperies, where patient can be isolated from everyone.

A. Equipment:

1. Bed (single, raised on blocks if necessay)[5]
2. Beside table
   a. Kleenex
   b. Water pitcher and glass
   c. Wash basin
   d. Bed pan and toilet paper (conveniently located)
3. Dresser or stand
   a. General tray, toilet articles
   b. Medicine tray
   c. Serving tray
   d. Thermometer in antiseptic solution or mouth wash (cotton in bottom of container)
   e. Small paper bag for waste
4. Chair or small stand covered with newspapers, inside entrance of patient's room
   a. Soap in container
   b. Wash basin for attendant's hands
   c. Paper towels
   d. Paper squares (for handling pitcher)
   e. Large pitcher of water for washing hands
   f. Extra newspapers
5. Waste disposal equipment
   a. Newspapers on floor
   b. Large covered waste receptacle for liquid waste
   c. Large paper sack for waste

[5] Olson, Lyla M., R.N., *Improvised Equipment in the Home Care of the Sick*, Fourth Edition, W. B. Saunders Co., Philadelphia, Pa., 1947, pp. 62-3.

6. Attendant's gown — on hook behind door, hung with contaminated side out
7. Extra chair.

B. Disinfection of linens and dishes:

1. Container for soiled dishes
2. Container for soiled linens
3. Paper towels and squares in bathroom and kitchen for handling clean articles
4. Extra covered pail may be kept outside room for disinfection of excreta.

C. Procedure:

The nurse's hat, coat, and bag are not to be taken into patient's room; or, if this is unavoidable, they are placed as far away from the patient as possible.

Before giving care to the patient, the nurse will need to look over the situation and organize her set-up according to the conditions she finds. It is important that supplies such as water for bathing patient and for hand washing, newspapers, bed linen, etc., be in the room before attempting to give care.

1. Care of patient:
   a. Put on cover-all gown upon entering room
   b. Give or demonstrate routine nursing care including T.P.R. treatments and bath

      (Note: Bathe patient as in general care except in cases where profuse rash is present in which case the nurse must obtain definite instructions from the physician)
   c. Straighten room. Collect waste materials in paper bag, gather up soiled linen, collect dishes. Before leaving room, check to see that all materials are in easy reach of patient. Wash hands, remove gown. Nurse's gown is left in patient's room with contaminated side exposed or folded with clean side out and placed in paper bag.
2. After care of equipment:
   a. Take dishes to kitchen and place directly in container on stove. Boil for ten minutes, wash in soap and water
   b. Take linen to kitchen and place directly in container to boil for ten minutes, or place in tub of warm soap solution for six hours. Sputum basins may be boiled or soaked with linen. This is especially important in streptococcus infections
   c. Wrap package of dry waste in clean newspaper and burn at once
   d. Empty contents of fluid waste in toilet, rinse pail. If indoor toilet, use paper squares for handling toilet seat, flushing toilet and turning on faucets
   e. Empty bed pan and cleanse. Return to patient's room
3. Completion of nurse's visit:
   a. Wash hands and arms under running water in patient's room
   b. Usual bag technique
   c. Write records.

D. Suggestions for Limited Facilities:

The nurse will need to use her best judgment in the supervision and care of cases in homes with limited facilities in order to control the spread of infection under such conditions. The mother or attendant is instructed in thorough hand washing, disposal of discharge and care of dishes and linen for the patient.

E. Terminal Care:

If concurrent disinfection has been carefully practiced, terminal disinfection is simplified. The nurse should be familiar with and assist the family in carrying out the instructions given by the Department of Health in same manner as she reinforced teaching regarding isolation technique. For instructions see *The Control of Communicable Diseases*, American Public Health Association and *Communicable Disease Regulations*, Indiana State Board of Health.

Immunization Schedule

Unless the family physician indicates to the contrary, Departments of Health may use the following general recommendations in their teachings:

1. *Diphtheria* — Two doses of Alum Precipitated Toxoid at about nine months of age given at four weeks in-

terval and repeated upon entrance to school are recommended. This usually gives sufficient protection but an additional single booster dose is recommended if diphtheria is prevalent in the community. Schick testing is not usually done routinely and parents may be referred to the family physician if they desire this further assurance of protection.

In event that a child has not been immunized in his early life, the initial doses may be given to the child from about five to ten years of age. It is wise to give these children a Schick test preceding any subsequent doses of toxoid.

2. *Smallpox*—Vaccination in early infancy with revaccination before entering school and every five to seven years thereafter is recommended.

3. *Whooping Cough*—Three doses of Alum Precipitated Pertussis Bacterin given at an interval of four weeks is recommended through the third year, preferably before one year of age. The doctors vary in their opinion as to the exact time it is to be started.

   Some doctors prefer using whooping cough or tetanus combined with the diphtheria toxoid.

Immunization Activities

It is recognized that any planned group program is only a substitute for the responsibility the family should assume in having the family physician give the necessary protection in his office. If a community is to have optimum protection, a continuous immunization program is essential. This may include:

1. Teaching the importance of immunization as a part of the family visit whenever possible

2. Discussing immunization in group meetings, and using such visual aids as newspaper publicity, films, poster, etc. throughout the year

3. Encouraging families and physicians to keep a record of immunizations completed.

Group activities:

The public health nurse will frequently have an opportunity to participate actively in organized plans for encouraging immunizations and in assisting with immunization clinics. These activities vary almost as much as the communities themselves and may be sponsored by civic organizations such as sororities, schools, medical groups. Some plans that have been successful include:

1. Mailing reminders to babies and preschool children on their birthdays

2. Including immunization in Well Child Conferences

3. Stressing immunization by the use of local newspapers, posters, films and other channels

4. Public clinics in schools or other public places.

Suggested procedure for immunization clinic:

1. *The Need.* A survey of the community to determine the immunization status of the infants, the preschool and school children, including the first four grades will give an indication as to the need of such a program.

   Authorities agree that an immunization of approximately 80 percent of the child population brings about effective diphtheria control. Lay councils, home economic clubs, parent-teacher groups, will often assist with such a survey. Other factors to be thought of in considering a group immunization program are the private facilities for immunization and the possibility of a follow-up program.

2. *Plan.* Such groups as Parent-Teacher Associations, sororities and schools, are often interested in assuming responsibility for a group immunization program. These organizations should work closely with the nurse, but should assume as much responsibility for the details of the program as they are able to assume. The nurse should in reality, act as their consultant. The group's first responsibility is to secure the approval of the local health officer and medical society, to be sure of medical cooperation. The local health officer, the school doctor, or local physicians usually do the immunizations.

A nominal fee may be charged to help defray expenses and to partially reimburse the doctor for his time. The fee, however, should not prohibit the underprivileged child from being protected. The nurse should not assume responsibility for collecting or handling funds, but should refer this duty to the sponsoring agency. Biologics are to be provided locally, however, for indigent cases they are available from the State Board of Health. The program may be held in any community building that can be made clean and comfortable. If it is held in the school, permission from the school officials is essential. The township trustee and other agencies may assist in transportation problems.

Definite policies are needed as to the age groups to be included, the immunization to be given, techniques, eligibility, fees and handling of fees, who furnishes supplies, transportation or any other details over which controversy may occur. The effectiveness of a program that does not include infants and preschool group is questionable. Diptheria immunization is usually limited to children under ten years. Smallpox is made available to all children and adults. Whooping cough, scarlet fever and typhoid vaccination are not usually recommended in a group program. Written parental consent is essential before giving any immunization. This is necessary, even though the parent accompanies the child. Such details as the arrangement of the room, assignment of definite responsibilities, familiarity with records and the procedure to be used can be arranged in advance of the specified time of the program and will add much to its smoothness. A postal card reminder sent to doctors, schools and other interested individuals a few days preceding the immunization date is usually desirable.

3. *Records. (See Explanation of Indiana State Board of Health Nursing Record Forms For Public Health Nurses).*

4. *Educational Program.* The educational program preceding the actual immunization is an essential part of the plan. The Health Education Consultant may have suggestions for the nurse in this respect. Newspaper publicity, films, special bulletins, group talks and material to teachers offer possibilities.

5. *Actual Program.* The recommendations of the participating physicians should be considered in establishing techniques.

   Arms may be cleansed with soap, alcohol, ether or acetone. Needles and syringes may sterilized by boiling during the immunization program or sterile needles and syringes may be taken to the clinic and the used needles placed in a 70 percent alcohol solution for five minutes before re-using. By being sure that the alcohol is actually forced through the needle, danger of contamination by trapped air is avoided. It is better to use a separate syringe for this purpose. The following supplies may be needed:

   a. Hot plate with extension cord and plug or alcohol burner
   b. Covered basins
   c. Syringes, forceps and needles
   d. Sterile towels
   e. Cotton pledgets
   f. Solution for cleaning site
   g. Adrenalin and Aromatic Spirits of Ammonia
   h. Newspapers, waste containers
   i. Record material and literature.

   Biologicals should be used before expiration date and should be kept under refrigeration until used. A portable ice chest is handy for this purpose.

6. *Evaluation.* An evaluation of the program when it is completed will assist greatly in future planning. Such an evaluation may consider the percentage of infant and preschool children protected, the time and effort used in relation to the results, and the reaction of parents and physicians to the program as well as any unusual problems encountered. A written summary is usually of interest to newspapers, participating agencies and the county commissioners.

7. *Follow-up.* Plans for future programs should be discussed with the medical group to determine future activities so that publicity and necessary contacts can be made early.

The greatest responsibility of the public health nurse in the communicable disease service in the school is to instruct teachers and parents regarding the essential facts in the prevention, control and care. The teacher is usually the best person to convey health information to the pupil, but the nurse should assist her by bringing suitable material to her attention and by answering questions. Much of this information can be given to teachers in group discussions, health bulletins, individual conferences as problems arise, and by demonstrating classroom inspections to the teacher.

Parents can be taught through group discussions, or home visits, in which the nurse gives pertinent facts strengthening her teaching through the use of authoritative literature and by actually demonstrating how to set up isolation and give adequate care.

The nurse should encourage the keeping of disease and immunization histories on each child. There is usually a space for this information on the child's permanent scholastic record. This is especially valuable during epidemics, as the teacher can check the records of the children in her room and learn which ones are protected.

The nurse can help the teacher to understand and to accept her responsibility in the recognition of symptoms of communicable disease and for early exclusion.[6]

[6] See Appendix E, 12, for Law On Exclusion of School Children.

Procedure during epidemics:

During epidemics of major diseases a public health nurse should concentrate her efforts on its control and prevention. Some of the following steps will be found useful:

1. Be sure all teachers understand the signs and symptoms and are doing classroom inspection twice daily.
2. The health officer may assist with classroom inspections or the trustee or the school board may employ a physician to make inspections in the schools.[7]
3. Be sure there are transportation arrangements for getting sick children home. Such arrangement should exist regardless of epidemics.
4. Send a letter home with each child explaining the situation and asking parents to keep sick children at home.
5. Visits made to children sent home with symptoms of illness during the presence of a major communicable disease in the community insure prompt medical care and isolation.

Teaching Aids

Equipment for isolation technique

Communicable Disease Chart

For movies and literature, see lists from Indiana State Board of Health.

[7] Ibid.

Diseases*	Nurse's Responsibility	Spacing Visits	Technique Used and Taught					
			Dishes	Linen	Discharges	Patient	Dress	Scrub
Amebic Dysentery	1. Assist with epidemiological investigation 2. Nursing care if necessary 3. Concurrent disinfection 4. Especial attention to handwashing after stool 5. Terminal disinfection limited to cleaning	One or more visits	Boil 10 minutes after each use	Boil 10 minutes or soak in soap solution for 6 hours	1. Stool and/or urine in 5% chloride lime solution or 2% cresol 2 hours in covered vessel. Break up stool[1]	Isolate	Gown	Separate handwashing facilities
Chicken Pox	1. Concurrent disinfection 2. Terminal disinfection limited to thorough cleaning	Not usually carried	Safe dishwashing[2]	None	Burn nose and throat discharges	Separate from susceptible contacts	Separate apron	After care
Colds	1. Concurrent disinfection 2. Prompt, early isolation 3. Maintenance of bodily resistance	Carried only if complications	Safe dishwashing[2]	None	Burn nose and throat discharges	Separate from contacts	Bag apron	After care
*Conjunctivitis	1. Smear on suspected cases 2. Hospitalization or special duty care should be arranged if possible 3. Bedside care 4. Concurrent disinfection 5. Assist with epidemiological investigation	Daily until diagnosed and for care if necessary		Boil 10 minutes or soak in soap solution for 6 hours	Burn eye discharges	Separate from contacts	Separate apron	After care
*Diarrhea, Infectious	1. Bedside care, including formula demonstration if necessary 2. Concurrent disinfection 3. Emphasis on sanitation screens 4. Observe other children in family and neighborhood	1. Daily as long as necessary 2. Follow up until convalescence is complete 3. If reported late visit for epidemiology and nutrition investigation	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Stools 5% chloride of lime or 2% cresol for 2 hrs. in covered vessel.[1]	Isolate	Gown	Separate hand washing facilities

Diseases*	Nurse's Responsibility	Spacing Visits	Technique Used and Taught					
			Dishes	Linen	Discharges	Patient	Dress	Scrub
*Diphtheria	1. Bedside care 2. Assist with epidemiological investigation 3. Concurrent disinfection 4. Terminal disinfection 5. Observation for carriers 6. Observation for complications and sequelae 7. Teach immunization	1. If in acute stage visit immediately and daily if necessary 2. If in late stage, make at least one visit 3. Follow up is important	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Burn nose and throat discharges	Isolate until 2 cultures taken 24 hours apart are negative. 1st culture taken not earlier than 9th day after onset	Gown	Separate hand washing facilities
*Erysipelas	1. Bedside care 2. Concurrent disinfection 3. Terminal disinfection 4. Observation for complications and sequelae	If in acute stage visit immediately and daily if necessary	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Burn any discharges from site of infection	Isolate	Gown	Separte hand washing facilities
Gonorrhea (Acute)	1. Make known treatment facilities 2. Secure names and trace contacts for medical supervision	If reported as a contact or as an early case, visit within a very few days	No special care	No special care	Burn	Avoid sexual contacts. Emphasize personal hygiene	Bag Apron	After care
Impetigo	1. Teach care by demonstration if necessary 2. Classroom inspection if necessary	1. Not usually carried 2. In new-born follow case until cleared	No special care	Boil linen in direct contact 10 min. or soak in soap solution 6 hrs.	Burn any discharges from lesions	Protect lesions	Separate apron	After care
Influenza	1. Concurrent disinfection 2. Observation for complications	One or more visits	Safe dishwashing	No special care	Burn nose and throat discharges	Isolate	Separate apron	After care
Malaria	1. Nursing supervision 2. Mosquito control	As needed for nursing supervision	No special care	No special care		Protect from mosquitoes	Apron	After care

Diseases*	Nurse's Responsibility	Spacing Visits	Technique Used and Taught					
			Dishes	Linen	Discharges	Patient	Dress	Scrub
Measles	1. Emphasis in teaching of prevention in small and weak children[3] and the dangers of complications 2. Concurrent disinfection 3. Terminal disinfection thorough cleaning	Not usually carried; exceptions may include infants and small children and patients with complications	Safe dish-washing[3]	No special care	Burn nose and throat discharges	Isolate, especially to prevent cross infection	Separate apron	After care
Measles (German)	1. Usual good hygiene and care	Not carried	Safe dish-washing[3]	No special care	Burn nose and throat discharges	Separate from contacts	Separate apron	After care
* Meningitis	1. Bedside care 2. Concurrent disinfection 3. Terminal disinfection 4. Observation for complications and sequelae	1. Daily if necessary 2. Follow up is important	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Burn nose and throat discharges	Isolate	Gown	Separate hand-washing facilities
Mumps	1. Teach prevention of complications 2. Concurrent disinfection	Not usually carried	No special care	No special care	Burn nose and throat discharges	Isolate	Separate Apron	After care
Pneumonia	1. Demonstrate nursing care 2. Concurrent disinfection 3. Terminal disinfection	1. As necessary 2. Encourage hospitalization 3. Observation until convalescence is complete	Safe dish-washing[3]	Boil 10 min. or soak in soap solution 6 hrs.	Burn nose and throat discharges	Isolate	Separate apron	After care
* Polio-myelitis	1. Give or demonstrate care 2. Concurrent disinfection 3. Assistance with mental and social adjustments and rehabilitation 4. Observation for sequelae	1. Daily if necessary 2. Follow-up is important	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Burn nose and throat discharges urine and feces chloride of lime or creosote for 6 hrs. Break up stool[1]	Isolate	Gown	Separate hand washing facilities

Diseases*	Nurse's Responsibility	Spacing Visits	Technique Used and Taught					
			Dishes	Linen	Discharges	Patient	Dress	Scrub
Ringworm	1. Concurrent disinfection	Not usually carried	No special care	Boil linen in direct contact with lesion 10 min. or soak in soap solution 6 hrs.		Exclude from school and public gatherings	Separate apron	After care
Ringworm of the scalp[4]	1. Concurrent disinfection 2. Proper examination of contacts 3. Classroom inspection	Not usually carried	None	Stocking cap worn continually; burned after use	Scales or hairs from lesions should be burned	May be permitted to attend public gatherings if head is protected and being treated.	Separate apron	After care
Scabies[4]	1. Teach symptoms and encourage separation from others 2. Teach personal hygiene 3. Demonstration of care in home if necessary and of school inspection	Not usually carried	None	Boil underwear and all infected linen for 10 min. at completion of treatment		Exclude from school and public gatherings	Separate apron	After care
* Scarlet Fever or Septic Sore Throat	1. Bedside care 2. Concurrent disinfection 3. Terminal disinfection 4. Observation for complications and sequelae 5. Satisfactory study of first reported cases may prevent an epidemic	If reported early, isolation and concurrent disinfection may be taught. If late, terminal disinfection. Follow up call is important	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Burn nose and throat discharges	Isolate	Gown	Separate hand-washing facilities

Diseases*	Nurse's Responsibility	Spacing Visits	Technique Used and Taught					
			Dishes	Linen	Discharges	Patient	Dress	Scrub
* Smallpox	1. Bedside care 2. Assist with epidemiological investigations 3. Concurrent disinfection 4. Terminal disinfection 5. Teach value of vaccination	Daily if necessary	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Burn nose and throat secretions and scabs from lesions	Isolate	Gown	Separate hand-washing facilities
Syphilis	1. Assist with epidemiological investigation 2. Make known treatment facilities 3. Concurrent disinfection of discharges from open lesions 4. Get contacts under treatment 5. Mental hygiene	Keep in frequent contact with infectious syphilis until under treatment	Boil 10 min. if lesions exist	No special care	Burn lesion discharges	Uncooperative patient can be quarantined	Bag apron	After care
Trachoma	1. Concurrent disinfection 2. Assist with epidemiological investigation	Follow-up until symptoms are improved or adequate care is available	None	Linen used around infected area should be boiled 10 min. or soaked in soap solution 6 hrs.	Burn eye discharges	Isolation is not necessary if treatment is instituted and concurrent disinfection is carried out	Separate apron	After care
Tuberculosis Active Pulmonary	1. Refer to Tuberculosis Section of this manual	Refer to Tuberculosis Section of this Manual	Boil 10 min. after each use or keep and wash separately	Boil 10 min. or soak in soap solution 6 hrs.	Burn all nose and throat discharges	Isolate, especially exclude children	Gown	Separate hand-washing facilities
Tuberculosis Non Pulmonary	Refer to Tuberculosis Section of this manual	Refer to Tuberculosis Section of this Manual	None	None	Burn	Not isolated	Separate apron	After care

Diseases*	Nurse's Responsibility	Spacing Visits	Technique Used and Taught					
			Dishes	Linen	Discharges	Patient	Dress	Scrub
* Typhoid Fever	1. Bedside care including special diet 2. Assist health officer with epidemiological investigation 3. Concurrent disinfection 4. Terminal disinfection 5. Observation for complications and sequelae 6. Assist health officer with follow up of carriers 7. Teach value of immunization	Daily if necessary until convalescence is established. Follow up visit is important	Boil 10 min. after each use	Boil 10 min. or soak in soap solution 6 hrs.	Stools and urine place in 5% chloride of lime or 2% cresol for 2 hrs. in covered vessel. Break up stool[1]	Isolate	Gown	Separate hand-washing facilities
Undulant Fever	1. Bedside care if necessary 2. Assist with epidemiological investigation	Might visit as to need or physician's orders	No special care	No special care	No special care	Not necessary	Apron from bag	After care
Whooping Cough	1. Encourage immunization of young children[5] 2. Concurrent disinfection 3. Terminal disinfection limited to thorough cleaning 4. Observation for complications and sequelae	Not usually carried	Safe dishwashing[2]	No special care	Burn nose and throat discharges	Separate from susceptible contacts	Separate apron	After care

* Indicate cases which should be regarded as emergencies.

[1] Chloride of lime should not be disposed of in septic tanks or sanitary privies. It must be buried.

[2] Technique recommended by Division of Sanitation is, "Washed in soapy water and immersed in water at temperature of 170° F. for two minutes."

[3] Immune Serum Globulin is recommended as a protection to young children from measles. It is available through the Indiana State Board of Health. The disease is most dangerous to the very young, especially infants and children under the age of three.

[4] Specific recommendations for treatment are included in *The Control of Communicable Diseases* published by the American Public Health Association. If used, these must have approval of the private physician or local health officer.

[5] This disease is a serious one under the age of four and carries with it a 10 to 25 percent fatality rate in this age group.

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TUBERCULOSIS

Definition and General Statement

Tuberculosis is a chronic, subacute or very acute disease, which usually affects the respiratory system, ordinarily the lungs, but may involve lymphatic, osseous, urogenital, nervous and gastrointestinal systems. The disease is caused by the tubercle bacillus. It is characterized by a destructive process and replacement of normal tissues with tubercles, which may cause local and constitutional reactions.

At least three types of tubercle bacilli are known to be pathogenic for man; namely human, bovine and avian. The human type causes almost all tuberculosis in man. Since there is now better control of tuberculosis in cattle, the bovine type causes less trouble. Formerly the bovine type caused many infections, especially in nonpulmonary forms.

The two main types of tuberculosis are primary tuberculosis and reinfection tuberculosis. The primary phase was formerly known as the childhood type because it occurred more frequently in children. However, first infection may be delayed until adult life, so it is better usage to refer to the first infection as primary phase tuberculosis. Of all persons who acquire a primary infection at some time, only a minority develop clinical disease.

The reinfection type refers to development of chronic tuberculosis and is the main problem in the whole field of tuberculosis.

New disease may be from a focus in the body, "endogenous" or from outside the body, "exogenous". The relative importance of the two factors mentioned is not clear but the possibility of "endogenous" reinfection lends weight to the importance of adequate nutrition and rest.

In control practices public health authorities concentrate upon supervision of those patients having pulmonary tuberculosis since they are the greatest single source of tuberculosis infection in the community.

General Responsibility in Tuberculosis Control

As in other communicable diseases, the responsibility for the control of tuberculosis rests with the official health department. Other branches of government which play an important part in a community program include schools, agencies directing hospitalization and welfare services.

Very often local tuberculosis associations take the lead in community tuberculosis programs. The roles of these voluntary agencies vary greatly in different counties. Their basic purpose is that of creating public interest through education. Because of the inadequacy of most official programs, the local tuberculosis associations, which are affiliated with the State and National Tuberculosis Associations often spend large portions of their funds to carry on service programs. These include the support of nursing services, case finding programs and sometimes direct care.

The Educational Program

Since education for the control of tuberculosis is a basic purpose of tuberculosis associations, the health department may well look to them to assume the responsibility for educational programs in communities where active associations exist. Educational programs usually include provision of speakers, movies, literature, newspaper items, posters and assistance to schools in their teaching of tuberculosis control. Groups where one finds tuberculosis most prevalent should certainly be included in the educational program as well as influential citizen groups. The health department should be familiar with facilities provided by the State and National Tuberculosis Associations as well as those of the State Board of Health and assist in their utilization.

A Well Balanced Tuberculosis Program

A well balanced community program should include the following:[1]

1. Case Finding
   Epidemiological investigation of all cases and deaths, clinics and laboratory facilities for diagnosis of suspected cases, routine follow-up of infected family contacts to detect the earliest signs of active infection

2. Care of active cases, including hospitalization, provision for ambulatory collapse therapy, and home care of cases that cannot be hospitalized

3. Routine follow-up of patients discharged from active care to make certain that the process has not become active again

4. Rehabilitation of arrested cases so that they may be placed in a gainful occupation consistent with the regulated life generally needed by such patients.

Factors Influencing the Tuberculosis Program

Certain factors which influence the incidence of tuberculosis should be kept in mind when programs are planned. These factors are:

1. The sputum of persons with tuberculosis is the most common source of organisms. Other important sources are, dairy products from tuberculous cattle, pus from tuberculous sinuses and urine from tuberculous kidneys. The three most definite ways the organism gains entrance to the body are by inhalation, ingestion and direct inoculation of skin.

2. Age: The largest number of deaths occur among persons between twenty and forty years of age. The young infant is quite susceptible and if a sizable dose of organisms is encountered before the age of two years an acute form of the disease may result. Between five and fifteen years of age, there are relatively few cases and deaths from tuberculosis.

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[1] Anderson, Gaylord, and Arnstein, Margaret, *Communicable Disease Control*, Macmillan Co., New York, N. Y., 1941, p. 334.

3. Sex: Females succumb about twice as frequently as males in the group fifteen to thirty years of age but the mortality rate among men rises steadily as age increases, and at older ages considerably more men than women die of tuberculosis. Apparently changes which occur in puberty are responsible for the higher incidence of tuberculosis noted in girls. The child-bearing age subjects young women to a great liklihood of serious disease while occupational hazards result in a steadily mounting mortality with advancing age among men.
4. Race: Tuberculosis death rates are about two and one-half times as great among the negro population as in the white race.
5. Climate: Apparently tuberculosis does not occur any more frequently in one season than another.

Case Finding

The task of locating those individuals with symptomless tuberculosis will of necessity vary in different communities. Well planned case-finding must depend on the diagnostic facilities and other available resources in each respective locality as well as an educational program to create a tuberculosis minded and interested community.

The ideal survey would be realized in that locality in which every individual could receive an x-ray of his chest; thus the tuberculin test with the public objections and alarm, the misunderstandings and misinterpretations which so often arise in its wake, could be by-passed, and some disagreeable features eliminated. However, in communities where only the large expensive 14 x 17 x-ray film can be taken, it is of importance to sort out for x-ray those cases which are the most apt to show tuberculosis pulmonary pathology. The tuberculin test is the best known device and is fairly dependable for this screening procedure.

The greatest value derived from the tuberculin test, aside from its screening value, is as a source finding measure among the preschool group. During these years, the personal contacts can be more nearly traced, as a positive tuberculin reaction may mean an exposure in the child's immediate environment. After the minority years, the case finding value of the test decreases inversely with the advancing age. The gradual availability of x-ray equipment to more and more communities will revolutionize tuberculosis case finding.

The greatest yield of new cases would be expected to be obtained from the following types of contact:

1. Contacts of known cases newly reported to have positive sputum
2. Contacts of persons with positive sputum who live at home
3. Contacts of persons who recently died of tuberculosis
4. Contacts of newly admitted
   a. Tuberculosis hospital patients
   b. General hospital patients found to have tuberculosis
   c. Diagnosed tuberculosis patients found in outpatient department.

Diagnostic Facilities

The diagnostic facilities which are usually available in communities are:

1. X-ray
   a. County and State Sanatoria
   b. Local physicians and hospitals
   c. Industrial health services
   d. Mobile x-ray units (County, state and and commercial)
2. Laboratory
   a. Local
   b. State
3. Clinics

Sanatorium Care

Indiana has approximately 1,800 beds for the care of the tuberculous in the county and state sanitoria. There are two state and eight county sanatoria and the operating cost per day per patient is in the neighborhood of three dollars. In accordance with the Act of Legislature of March, 1943, the State of Indiana subsidizes or credits each institution that operates according to the Tuberculosis Sanatorium Standards, as adopted by the American Sanatorium Association on May 23, 1927, with one dollar per patient. The Legislature of March, 1947, amended this Act to subsidize the Tuberculosis Sanatoria or the Institution at the rate

of one dollar and a half per day per patient.[2] This leaves the approximate one dollar and a half per day per patient additional cost of operation to be met by the patient, his family, the county of this residence or some interested local charitable club, society or organization.

It should be a responsibility and interest of the public health nurse to know the possible sources of financial aid for patients needing sanatorium observation and treatment. Usually the local Tuberculosis Association officers will be most helpful and energetic in advising and locating resources for the treatment of tuberculosis patients.

The list of sanatoria, state, county and private in Indiana will be found in the "Directory of Resources and Facilities," Section VI.

If the physician wishes the patient sent to a sanatorium, the family should feel responsible for filing the application papers; however, in rural areas where transportation is a problem, it may facilitate matters for the nurse to take the papers with her when making a home visit. Application papers are usually obtained from the township trustee, county auditor or local Tuberculosis Association and signed by the family physician. The trustee also signs application blanks unless special appropriation has been made by county commissioners, in which case it must be signed by them. The family, the trustee, or the local tuberculosis association make arrangements for transporting the patient to the sanatorium. When the application is accepted by the sanatorium officials, the patient is sent a list of supplies to take with him. The public health nurse may need to guide the family in the collection of these supplies. If the family does not have the required supplies and cannot obtain them, they should be referred to the proper relief agency.

Reporting and Quarantine of Tuberculosis Patients

See *Communicable Disease Regulations*, Indiana State Board of Health.

[2] See Appendix E, 13, for law.

The Public Health Nurse in the Tuberculosis Program

The nurse will need to learn where she can best fit into the program. To her falls the task of many of the routine visits to active cases at home, to arrested cases and to contacts to arrange for examination. Under the direction of the health officer she will perform a large part of the epidemiological investigation. She must be constantly on the alert for cases of suspected early infection which should be referred to the physician for medical examination. She will often be called upon to assist with clinics. See *Functions of Public Health Nurse in a Tuberculosis Program.*[3]

Case Selection

The priority of visits for follow-up of diagnosed cases and family contacts should be as follows:

1. Patients cared for at home diagnosed active disease;
   a. First—positive sputum cases
   b. Cases in the *active* stage of disease, sputum unknown or negative
2. Persons with positive tuberculin, negative chest x-ray, *recently* exposed to *open* case of tuberculosis
3. "Suspected" case,—or diagnosed cases who are under close supervision—activity "questionable"
4. Cases of reinfection arrested or apparently arrested pulmonary tuberculosis—discharged from hospital within past four weeks
5. Old cases of arrested tuberculosis (may have to be a very limited nursing service) carefully selected.

Clinics

The decision as to the need for a tuberculosis clinic in a given locality is the responsibility of the local medical society, the local tuberculosis association and the health department. The need for such a clinic will be determined by:

1. The extent of the problem of tuberculosis in the locality
2. Proximity to other tuberculosis clinics

[3] Copy may be obtained from the Division of Public Health Nursing, Indiana State Board of Health.

3. Proximity to sanatoria where examinations may be given.

The tuberculosis clinic is a fundamental part of any tuberculosis program. With few exceptions the tuberculosis clinics are conducted by the local Tuberculosis Association. Objectives of tuberculosis clinics are:

1. To aid in the control of tuberculosis
2. To provide for continued medical supervision of known tuberculous individuals including those discharged from tuberculosis hospitals
3. To provide consultation service to practitioners on any tuberculosis problem or thoracic condition
4. To provide examination of any individual or group where tuberculosis may be found
5. To provide education for patient, family and community on tuberculosis.

The following suggestions are offered as a guide for establishing tuberculosis clinics for diagnostic and educational purposes:

Clinic Rooms

There should be a minimum of three rooms in addition to clean lavatory, or hand-washing facilities to provide for successful operation of a tuberculosis clinic.

Reception and waiting room—should be comfortably and adequately furnished and provide space for display of posters, literature or magazines. Provision should also be made for wraps and umbrellas.

Examining room—should be adequately heated and lighted and afford strict privacy.

Dressing facilities—should adjoin the examining room and should insure the least amount of exposure to patient.

Interviewing room—may of necessity be a screened section of the reception or waiting room. Every effort should be made to provide privacy during the interview.

Recommended Equipment

X-ray facilities. If these are not available at clinic, it is essential that they be available locally if at all possible.

Supplies usually will be furnished by the local Tuberculosis Association. It will be the nurse's responsibility to request adequate equipment and see that good technique is adopted.

Waiting Room

Rack for patient's wraps
Chairs
Table or desk for admission nurse
Pencils, pen, ink and blotter
Records forms
Carbon paper
Literature and posters.

Interviewing Room

Adequate filing cabinets, record forms should be partly filled out in waiting room
Desk or table
Pencils, pen, ink, scratch pad and blotter
Three chairs
Disposable tissues
Paper lined waste container
Sputum specimen outfits
Scales.

Dressing Rooms

Separate dressing rooms for men and women
Muslin capes usually referred to by the name of "nightingales"
Clothes hooks
Hamper for soiled capes
Chair
Mirror.

Examining Rooms

Two revolving stools—old piano stools may be used
Chair
Desk or table, pen and ink, pencil and blotter
Table for equipment.

Examination Tray

Stethoscope
Head Mirror
Tongue depressors in covered container
Tuberculin-testing material.

Tuberculin Tray

Vollmer tuberculin patch test material or tuberculin solution PPD or OT
Acetone
Cotton pledgets in jar
Sterile forceps in a jar of 95 percent alcohol

Sterile platinum needles in tubes—26 gauge, one-half inch length
Sterile 1cc tuberculin syringe on sterile towel
Alcohol lamp for sterilization of platinum needle
Matches.

Recommended Equipment

X-ray viewing box
Paper handkerchiefs
Paper bag or lined waste container
Lavatory or hand-washing facilities.

Additional Equipment

White coat or gowns for physicians
Aprons for the nurses
Necessary equipment and additional rooms for radiographic and fluoroscopic examinations if they are to be made at the clinic.

Personnel
Clinician

Physician with specialized training and with a public health viewpoint appointed by the Health Department, Tuberculosis Association or local Medical Society. One physician is able to examine as many as twenty patients at one clinic session.

Public Health Nurses (two)

The nurses' time in the clinic should include the activities which involve direct relationship with the patient and those duties of an instructive nature. With this in mind, the following recommendations are suggested.

1. First Nurse:
   a. Assist physician in clinic
   b. Record physicians recommendations
2. Second Nurse:
   a. Take histories on new patients, interview readmission patients, instruct patients
   b. Explain clinic routine to patient, review clinician's recommendation before patients leave the clinic.

Volunteer Workers

In order to facilitate the above recommendations regarding the duties of the nurse, it will be necessary to have additional assistance in the clinic to do the clerical work. Therefore the suggestion is to have two volunteers in the clinic.

1. First Volunteer:
   a. Greets patient and records name on register
   b. Readmission patients;—pulls record, weighs patient, records weight on chart
   c. Takes doctor's referral slip, if any
   d. Directs patient to nurse for an interview
   e. New patient—weigh patient, record on chart, and introduce patient to nurse who takes history.
2. Second Volunteer:
   a. Take patient to dressing room
   b. Introduce new patient to nurse in the clinician's office.

Clinic Routine:

1. Clinic routine for readmission patient:
   a. Patient greeted by first volunteer
   b. Referral slip taken
   c. Name listed on register
   d. Record pulled
   e. Weight taken and recorded
   f. Referred to nurse for interview
   g. After interview, patient is referred to second volunteer
   h. Second volunteer directs patient to dressing room
   i. Second volunteer directs patient to nurse in clinician's room
   j. Seen by clinician
   k. Interview by first nurse before leaving clinic
      (1) Refers patient to private physician for report
      (2) Discusses clinic procedures unfamiliar to the patient
      (3) Teaching the patient
2. Clinic precedure of new patient:
   a. Patient is greeted by first volunteer
   b. Referral slip taken
   c. Name listed on register
   d. Weight taken and recorded
   e. First volunteer introduces patient to nurse
   f. History taken by nurse

g. Nurse interviews patient
   (1) Clinic procedure
   (2) History
   (3) Teaching

h. Patient is taken to second volunteer who directs patient to dressing room

i. Patient directed to nurse in clinician's room by second volunteer

j. Examined by clinician

k. Following examination, patient is referred to same nurse for an interview
   (1) Refers patient to private physician for report
   (2) Discusses clinic procedures and reasons for same
   (3) Teaching of patient.

1. There are some advantages in a clinic routine in which *one nurse* accompanies the patient through the clinic.
   The advantages are:
   a. Clinic routine less confusing to the patient
   b. Less time-consuming for the patient
   c. Better opportunity for teaching
   d. Provides the patient with a sense of receiving individual attention
   e. Provides an educational opportunity for the nurse to be with the clinician.

2. This routine is particularly satisfactory when the field nurse is present in the clinic. It requires practice and good timing in order to keep the clinic functioning smoothly.
   a. First appointment precedes the clinician's arrival by one hour, thus permitting the nurse time to prepare the patient.
   b. All nurses take interviews and each accompanies the patient to the clinician's room.
   c. Following examination, nurse reviews the physician's recommendations with the patient.
   d. If this procedure is well planned, there will be adequate time for each nurse to take histories, interview patients and accompany them through the clinic.

3. The work of the volunteer remains the same.

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VENEREAL DISEASES

Definition

Communicable diseases commonly transmitted by sexual intercourse which include syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma venereum.

General Authority in the Venereal Disease Program

The immediate administrative control activities, including venereal disease programs and clinics, are assumed by local county health officers and branch medical directors in localities under their jurisdiction.

These diseases are highly infectious in the acute stages at which time voluntary isolation is urged; this may be in the home or hospital. The local health officer is responsible for enforcing compulsory isolation when necessary.

Venereal disease control programs should be carried on with the active cooperation and approval of the local Medical Society.

The Public Health Nurse in the Venereal Disease Program

The nurse in a generalized public health service integrates the venereal disease program in her family health service. In group and individual instruction, she helps indirectly on the preventive aspects of venereal diseases by developing right attitudes and proper habits in personal hygiene, from infancy through adulthood. Her activities may include the following:

1. Helps parents and teachers to recognize the need and to give early and adequate sex instructions, as a contribution to the whole social hygiene program
2. Instructs (individuals and groups in the community) as to the nature, mode of transmission, prevalence, care and treatment of the venereal diseases, and the necessity for providing adequate facilities and services for their control
3. Assists in the interpretation and enforcement of the Health Department Regulations
4. Teaches the importance of periodic and complete medical examinations, including diagnostic tests for the detection of venereal diseases
5. Assists in case finding through alertness to manifestations of a venereal disease, careful history taking, and contact-tracing; and emphasizes the importance of adequate medical examination, care and treatment. Some methods of case finding are: cooperation with selective service boards and with physicians in follow-up of premarital and prenatal blood tests; follow-up of infants of infected mothers and of industrial examinations which include serological blood tests
6. Furnishes information, when necessary, regarding the community agencies and institutions offering diagnostic and treatment services, and the admission and treatment policies of these various agencies
7. Renders assistance to the private physicians who participate in the veneral disease control program by assisting with epidemiological investigations, following delinquent patients and assisting with patient's education
8. Assists in the control of syphilis in pregnancy, and in the prevention of congenital syphilis, by helping to secure complete medical examination, including a serological test of every person prior to marriage and of every pregnant woman prior to the fifth month of pregnancy, and in arranging for adequate treatment, if indicated[1]
9. Teaches the importance of and promotes the use of prophylactic treatment of the

[1] See Appendix E, 9 and 10, for Prenatal Blood Test Law and Premarital Blood Test Law.

eyes of every newborn infant as a means of preventing gonorrheal ophthalmia neonatorum[2]

10. Assists in the organization and conduct of a diagnostic and treatment clinic service that will result in the voluntary and continued treatment of the patient, and the medical supervision and care of his contacts

11. Promotes the continued and voluntary treatment of the patient by recognition of and assisting the patient in making the many emotional, social and economic adjustments necessary in the diagnosis and treatment of a venereal disease, particularly of syphilis

12. Encourages the patient to assume a responsibility for the prevention of the spread of infection to others, and for the medical supervision of those persons with whom he has been in intimate contact

13. Ascertains through clinic interview, written communication, or home visits, reasons for the lapse of treatment, particularly of pregnant women, and patients who may still be infectious, and assists in adjusting or removing the difficulty

14. Demonstrates, continues to give, or supervises necessary nursing care in accordance with the type and stage of the disease, and the particular need of the individual patient and family

15. Evaluates the effectiveness of public health nursing performance in the control of venereal diseases

16. Works jointly with the patient and all community agencies in furthering the control of venereal disease

17. Encourages provision for facilities such as supervised recreational and occupational opportunities, adequate housing within reach of all economic groups, and regular employment under favorable working conditions which will tend to develop a well adjusted individual and wholesome family and community life.

[2] See Appendix E, 2, for Law on Ophthalmia Neonatorum.

Venereal Disease Clinics

The establishment of venereal disease clinics is recommended in those communities where no adequate provision is made for the treatment of syphilis and gonorrhea. It is the policy of the State Board of Health to establish these clinics with the cooperation of the local Medical Society. The Township Trustees or County Commissioners often assume the responsibility of providing suitable quarters and maintenance of same.

Special facilities such as rapid treatment centers or special clinics may be utilized for diagnosis and/or treatment if indicated.[3] Private physicians may obtain drugs for treatment of indigent patients by requisitioning them from the State Board of Health through the local health officers.

In the material which follows, the procedures described are those now in use in some areas of the state. They have been worked out with due regard to scientific principles, economy of effort, maximum comfort and service to the patient.

1. Purpose:
   a. Make diagnosis and adequate treatment possible for all suspicious, reported and diagnosed cases
   b. Make consultative advice and opinion available to private physicians or referred cases
   c. Care for all patients unable to afford medical treatment
   d. Make case finding and case holding easier by providing diagnostic and follow-up facilities.

2. Clinic Policies:
   a. A survey should be made to determine the need of a clinic. Refer to "Community Survey", in Section III of this Manual.
   b. Definite policies should be set up locally before the establishment of a clinic. These may be worked out by a committee from the local Medical Society with the assistance of the director of the venereal disease clinic. These policies should cover services avail-

[3] Directory Venereal Disease Clinics, Supplement 4, U.S.P.H.S., Government Printing Office, Washington, D. C.

able, eligibility and administration of the clinic.

3. Equipment:

   See United States Public Health Service reference—*Principles of Venereal Disease Control,* Supplement No. 17, Appendix 5, page 92.

4. Clinic Personnel and Duties:

   a. Medical Director directs and supervises clinic activities as outlined in policies. Director or assistant medical personnel will give treatments

   b. The Public Health Nurse. The public health nurse is responsible for general duties which make for good clinic management and other duties as designated by health officer and clinic director.

      (1) Supervises physical set up:

      Maintains cleanliness, attractiveness and comfort for patients

      Provides privacy and equipment for history taking

      Plans educational displays which should be changed frequently

      Provides clerical equipment and supplies.

      (2) Interviews:

      The public health nurse, because of her special preparation and background, is well qualified to interview patients. An interview is a mutual exchange of ideas between two individuals.

      For techniques in interviewing, see: *Interviewing, Its Principles and Methods,* Annette Garrett.

      Following are specific suggestions in interviewing the venereal disease patient: Examine and discount your own prejudices

      Make patient feel that the disease is a communicable disease and not a stigma

      In securing facts, be sure patient understands that information is confidential.

   c. The Drug Nurse

      (1) Preparation for clinic:

      Arrange physical set-up of clinic, assistance may be obtained from nurse in branch office

      Sterilize instruments and supplies

      Arrange records conveniently for use.

      (2) Activities during clinic period:

      Arrange sterile supplies for general use

      Prepare drugs for administration

      Admit patients to treatment room

      Assist physician with other diagnostic examinations including vaginal examinations and spinals

      Assist physician with clinic procedures

      Be responsible for collecting, handling and labeling laboratory specimens

      Answer any questions patients may have or refer him to other clinic personnel.

      (3) Duties after clinic session:

      Clean and sterilize all clinic supplies which have been used, including needles and syringes

      Check and replenish supplies

      Note any failure to give treatment so it can be recorded on the patient's chart

      Give report to the public health nurse following clinic

      Put room in order, mail laboratory specimens, sack laundry, drain and clean sterilizer.

   d. Non-professional workers

      (1) Clerical duties may be delegated to nonprofessional workers

      (2) Volunteer nurse-aides may be utilized in the venereal disease clinic to assist with duties not requiring the services of professional people.[4]

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[4] Hilbert, Hortense. "Public Health Nursing Services in Clinics," *Public Health Nursing,* May, 1944, pp. 209-20, and June, 1944, pp. 287-93. Reprint is available.

Teaching Aids

Bar graph showing several years' incidence of a few of the major communicable diseases including syphilis and gonorrhea

Chart showing contact spread

Pictures of chancre and spirochete

Books—See Bibliography. Especially good for patients or school use are: *Shadow on the Land, V. D. Manual for Teachers,* and *Guiding the Adolescent.*

Equipment for special procedures such as douches

For movies and literature, see lists from Indiana State Board of Health

For posters and exhibits, write Indiana State Board of Health or American Social Hygiene Association, 1790 Broadway, New York.

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MATERNITY SERVICE

Statement of the Situation

During the period 1942-46, 739 women died from puerperal causes in Indiana. This represents an average of two deaths per thousand live births. Though the annual rate has declined in this period, from 2.6 deaths per thousand live births in 1942 to 1.5 in 1946, 124 women died from these causes in 1946.

Leadership in attacking the problem comes from many sources, private and public, but the Children's Bureau in the Federal Security Agency of the Federal Government is undoubtedly one of the greatest forces in the movement at present. Funds made available through the Social Security Act are allocated by this Bureau to State Health Departments which plan programs of attack, meeting recognized standards. In turn the state departments re-allocate these funds for local projects.

The Emergency Maternity and Infant Care Program for the families of servicemen has given us some revealing facts. Among the general population in Indiana in 1945, the

maternal death rate was 2.0 and the newborn death rate 3.5. In the group for which care was provided under the Emergency Maternity and Infant Care Program, the maternal death rate was 0.5 and the infant death rate was 13 per 1,000 live births. There are a number of possible qualifying factors to the lower mortality among Emergency Maternity and Infant Care cases. Important are the facts that these cases received the attention of public health nursing services early, and that they sought prenatal medical care early. Along with this early and continued medical and nursing supervision, 99.5 percent received care in an approved and licensed hospital whereas only slightly over 80.2 percent of maternity cases in the general population received hospital care.

The Indiana Hospital Survey. The purpose of this survey was to inventory existing hospital and health center facilities in order to determine the adequacy of such facilities and to provide a basis for planning for the development of hospitals within reach of everyone in the state.

The preliminary report shows that hospital and health center facilities in Indiana fall far short of meeting the needs as recognized in the standards currently accepted. All types of facilities were found to be inadequate in practically every area of the state. Perhaps the greatest needs were found to be more general hospital facilities in rural areas and additional facilities for maternity services and for chronic diseased patients in all areas. The number of births in hospitals in Indiana ranged from 11 percent in one county to 93 percent in another. Needless to say, rural counties with low financial resources, which are also the counties without hospitals, were at the bottom of the list. It is estimated that at least 20 percent of all general hospital beds should be set aside for maternity services.

The United States Public Health Service with the American Social Hygiene Association is leading the syphilis control program which is closely associated with the maternal and infant health and with the National Tuberculosis Association is providing coordination of measures to control tuberculosis, the greatest cause of death, except maternity, in women of child bearing age.

The organized medical profession itself is analyzing weaknesses in the maternity field and the nursing profession too is taking heed of the studies which have shown amazing shortcomings in nursing preparation for this field.

See laws pertaining to premarital, prenatal and Venereal Disease, in Appendix E.

Prenatal Conferences

The State Board of Health is vitally interested in the development of better medical and nursing prenatal care and it is prepared to offer consultant services for the establishment and maintenance of prenatal conferences at the local level. It is a known fact, that economic status and lack of knowledge of the benefits of good prenatal care prevent certain mothers from seeking good continued nursing and medical supervision during pregnancy.

It is the individual mother's responsibilty to seek good maternity care, but it is also the responsibility of all public health agencies to assist in establishing prenatal and maternity conferences for those persons who, because of ignorance or lack of resources, do not seek or obtain good nursing and medical care. The public health agencies in Indiana have been very remiss in their efforts to establish or encourage good prenatal care in general and prenatal conferences for families who are unable to provide this care for themselves. The development of prenatal conferences and improved medical and nursing maternity care is a local problem dependent upon the need, local resources and the cooperation of the medical profession; but it is the responsibility of all local health agencies to be aware of the need for improvement and to assist in the development of better maternity and newborn care.

Analysis of the Home Situation by the Public Health Nurse

To proceed intelligently it is necessary to analyze the situation on each visit. The following items are purely suggestive and can easily be obtained by observation and purposeful conversation:

1. Family relationships: Husband and wife; parents and children; others in family or household; attitude toward coming infant

2. Health: General health of all members of family

3. Economic status: Income; source, amount

   Expenditures: Rent, food, medical care, recreation

   Ability to meet individual needs of family

   Occupations outside household

4. Intelligence level

5. Education

6. Religion

7. Significant illnesses of patient: Tuberculosis, heart disease, syphilis, rickets, scarlet fever

8. Previous pregnancies: Medical care; physician, mid-wife, month registered

   Delivery: Home, hospital, spontaneous, operative, difficult

   Nursing care: Visiting nurse, mothers' club, delivery service, postpartum care

   Complications: Toxemia, abortions, stillbirths, prematurity, emotional disturbances

   Breast feeding

   Convalescence: Days in bed, return to regular activities

9. Patient's present health condition and medical care.

Some of the methods of determining this are:

1. Provocative conversation and purposeful listening

2. Careful observation: Each nurse may have a different plan for this, but some sequence which will assure systematic observation of the patient from head to foot will save time and make the procedure less obvious to patients

3. Taking temperature, pulse, respiration

4. Measuring blood pressure and urinalysis. These measures are done only at *request* of either the personal or clinical physician. Detailed instructions for blood pressure determination and urinalysis are given in the National Organization for Public Health Nursing Manual.

Antepartum Period

Studies of maternal mortality reveal that a great factor to be considered is that mothers do not place themselves under continuous medical supervision early in pregnancy. An increasing number do, to be sure, but probably no greater service can be rendered by the general public health nurse than that she actually assists in finding all the pregnant women and be assured that they have this service.

Case Finding

The nurse must be sensitive to the appropriate time, place and method in case finding; but nevertheless she must be aggressive and tireless in her case finding efforts.

Some of the methods nurses use are:

1. Giving such valuable service to maternity patients carried that the service will be widely advertised by them

2. Explaining service to persons in area served who meet large numbers of people and who will give leads about pregnant women to the nurse

3. Utilizing Health Council members to help in spreading information and in case finding

4. Seeking referrals from physicians

5. Being acutely observant of the state of pregnancy

6. Asking young mothers in homes they visit if they are pregnant (e.g. "When are you going to let me take care of your next baby?")

7. Explaining the maternity service continuously to non-pregnant persons, including fathers

8. Being certain that cooperating agencies in the area served understand the importance of any kind of service needed (e.g. social agencies, schools, etc.).

Case Selection

Not all cases found or referred can be carried for intensive guidance. Those who are intelligent and are supervised by physicians interested in teaching them about their care are in good hands and need little else unless they present abnormal symptoms and the physician specifically requests

closer supervision. Those who are supervised in prenatal conferences with a teaching program are in the same group.

Among those who probably need the service most, are:

1. Women pregnant for the first time and women who have had more than three pregnancies
2. Women who have been pregnant before but have never given birth to a live child
3. Women who have had more or less severe complications with previous pregnancies and women who have unsatisfactory health history including such diseases as tuberculosis, heart disease, syphilis, diabetes, etc.
4. Women in lower income group who must make many adjustments in order to approximate adequate care
5. Women who because of intellectual or educational limitations need very careful explanations and demonstration teaching.

Not all of these will need time-consuming home visits; many can secure the assistance they need by attending Mothers' Clubs or classes. It is possible to utilize the help of nursing committee members to make the first visit to pregnant women to invite them to Mothers' Club or classes if their physician approves of this service. This serves to lighten the burden of the nurse so that she may devote more time to home service to those mothers who need it most. Encouragement is given to private physicians to make careful selection of patients whom he refers for supervision and teaching. In such cases every effort is made to institute this care at once. Sets of prenatal letters can be made available to those wishing to use them.

Mothers' Classes

See *Public Health Nursing in Obstetrics—Part IV.* "Mothers' and Fathers' Classes," Maternity Center Association, New York, N. Y., 1943.

Home Visit Content

The First Visit

Whenever the name of the patient's private physician can be obtained, the nurse consults him before making her first visit to the patient.

The nurse should be aware that the family may not be expecting the visit or have any understanding of the need or type of service offered. Therefore, no definite plan can be made for this visit except to establish a friendly relationship by responding to the family's immediate interests. In this informal discussion, opportunities to explain antepartum care and the nursing service will readily present themselves to the nurse who is alert.

A reasonable goal for this first visit is to gain the confidence of the family, assist them in meeting any needs they may present and to learn enough about the situation to relieve any immediate problem and make a general plan for future care. The mother will be told that this plan will be made in conjunction with her physician. Amount and content of additional guidance will depend upon the receptiveness of the family.

Subsequent Visits

An extra responsibility rests upon the county nurse, who because she is unable to follow through during the intrapartum period, must bridge this gap as best she can, striving for continuity of nursing service to the best of her ability. Some of the things she needs to do to fill this gap in her own service follows:

1. Assist the patient in preparation for the delivery:
   a. The room and the supplies
   b. Building up the mental attitude of the patient for this time by:
      (1) Describing simply the three stages of labor
      (2) Giving information on what to do when labor begins, such as calling doctor and attendant, preparation of the room, supplies and herself
      (3) Assisting, if necessary, in finding competent attendant; arranging to have her there at the time of delivery and at least two weeks following.
2. Assist the patient in her preparation for the coming baby:
   a. Clothing and supplies

b. Bathing the baby, giving simple verbal instructions and showing pictures, assuring the mother that she will give demonstration bath.

3. Inform parents that she will come within twenty-four hours after delivery if at all possible. She will visit the new baby on the day after the return from the hospital if notified. The family is expected to assume the responsibility of notifying the nurse of the delivery, either by telephone or by mailing a self-addressed card supplied by the nurse.

Nutrition in Antepartum Period

An adequate diet is a primary factor in improving the physical condition of both mother and baby in the antepartal period.

Food Requirements During the Antepartal Period

1. First four months of pregnancy
   a. Energy needs are no greater than her normal requirements.
   b. It is important that her diet supply all of the essential nutrients in adequate amounts.
   c. Follow the recommendations for an adequate diet for normal nutrition for an adult woman with the exception of using one quart of milk daily, instead of one pint, and adding fish-liver oil in liquid, capsule or tablet form as recommended by the physician. Therefore, the daily food requirement is as follows:

      Milk—1 quart
      One cup with each meal, additional cup at bedtime or use in cooking

      Vegetables—2 or more servings
      (not including potato or other starchy food). One serving should be a green leafy or a deep yellow vegetable. Use raw vegetables frequently.

      Potato—1 medium size potato
      Cooking in skins preserves food value

      Fruits—2 or more servings
      One serving should be orange, grapefruit, tomato or their juice

      Meat—1 generous size serving
      Lean meat, fish or poultry every day, liver once a week

      Eggs—1 per day, at least 4 or 5 per week. Boiled, poached, scrambled, creamed or in custards or eggnogs

      Bread and cereals
      Whole grain and enriched breads: Whole grain, fortified and enriched cereals should be used.

      Butter or fortified margarine

      Water—6 to 8 glasses

      Fish liver oil—or a concentrate of Vitamin D.

2. After fifth month of pregnancy
   a. There is increased need for protein, calcium, iron and all the vitamins. The need for calcium, part of the protein and Vitamins A and D will be met by the one quart of milk and the fish liver oil, which should be taken daily regardless of the season of the year.
   b. Adequate protein and vitamin B_1 is important during the third trimester of pregnancy to promote a good supply of breast milk in postpartum period. Abundant protein is essential for milk production. Hence, the daily protein requirements of 85 grams of protein per day in the latter half of pregnancy is increased to 100 grams per day for the nursing mother.
   c. There is a gradual increase in energy requirement.
      Over eating should be avoided. The additional foods listed above will meet the increased caloric requirements as well as supply protein, minerals and vitamins. The physician should make recommendations on the caloric intake based upon the mother's gain in weight as well as the importance of the decrease in salt intake.

Intrapartal Period

In order to insure continuation of adequate care, the nurse's work in the intrapartal period must complement the doctor's so the mother will receive care that is complete and the doctor will have

the assistance he needs to enable him to do his work well.

There is no way to schedule nursing visits during labor. The mother's need necessitates one long visit that begins when labor is established and ends when mother and baby are comfortably settled in their beds and someone has been instructed to care for them until the nurse's next visit.

Case Selection

Nursing care at the time of delivery is given only in cooperation with a physician.

1. In cases when the physician anticipates a difficult delivery and desires trained assistance
2. In cases when the physician requests the service and it has not been possible to arrange or provide for other nursing care and when hospital care can not be provided
3. Emergency situation.

Supplies

Suggestions for detailed technique and supplies necessary for home confinement, preparation for delivery and supplies for baby, are given in the *Manual of Public Health Nursing*, National Organization for Public Health Nursing, 1939, pages 194-205. Some families prefer to purchase the sterile supplies ready for use. If bought commercially, the bundle is usually called an "obstetrical package" and it sells at various prices, depending upon the contents. Mothers frequently make up sterile bundles using their own supplies and in some communities local nursing organizations supply sterile bundles.

Nurses giving a generalized public health service and who may be called upon to assist in a delivery can often anticipate such situations and have the required supplies prepared or know whether they may be borrowed from a clinic or hospital.

Emergency Delivery

Occasionally, a county public health nurse may be in an emergency situation where she will need to give immediate assistance or have to deliver the baby herself. It is well, therefore, to review periodically the delivery and the delivery technique in order to be prepared to proceed, using as much of the National Organization of Public Health Nursing procedure as the situation permits.

Procedure in Emergency Delivery[1]

1. On entering room, quickly appraise situation to see how far labor has advanced. Make sure every effort is being made to secure the physician
2. If the baby is not already delivered, note frequency, strength and duration of pains
3. Determine whether or not the membranes have ruptured. If they have ruptured, keep patient in bed. Check for bleeding
4. Reassure the mother
5. If the doctor does not arrive in time, proceed as follows and three things to remember are:
   a. Prevent potential infecting organisms from outside sources from being deposited on the external genitalia or adjacent area. This includes sources such as droplet infection from nose and throat, unclean hands or from other agents being brought into contact with the patient
   b. Cleanse the perineal field in order to prevent migration, transportation or growth of organisms from this field into the vagina
   c. Prevent the existing bacterial flow in the vagina from being carried into the uterus
6. Pull up a table, trunk or dresser near the bed within easy reaching distance, cover it with newspapers and prepare for materials at hand. The regular nursing bag can be placed on a nearby chair or box
7. Open nursing bag, take out the supplies needed for scrubbing hands, scrub hands and remove the following articles:
   a. Gauze squares
   b. Scissors

[1] Goggans, Lalla Mary, "Oh Nurse, The Baby Is Coming and the Doctor Isn't Here," *Public Health Nursing*, National Organization for Public Health Nursing, 1790 Broadway, N. Y., Oct. 1943, pp. 559.

c. Three cord tapes
(Boil together in a small stew pan or an enamel container for 10 minutes.)

8. Prepare two covered containers of boiled water, one hot and the other cool

9. If the patient is still up, she should go to bed

10. Ask a helper to protect the bed with several thicknesses of newspaper and make it up with clean sheets

11. Prepare from home supply about two dozen 5x5 inch clean cloth squares or large cotton balls for keeping parts clean before, during and after the baby is born. Boil in a covered basin or pan

12. After putting on apron, cover hair with clean square cloth and cover nose and mouth with a mask. A mask can easily be improvised with a clean piece of cloth or handkerchief.

13. Observe the patient more thoroughly. (If the baby is born when you arrive, you will still do the things listed above; but first, see that the mother and baby are all right. If the baby is protected from strangling in fluid or becoming chilled and there is no excessive bleeding, there is no need for haste)

14. If there is time, shave the external genitalia and pubic region, after which, thoroughly wash the patient. Wash the abdomen from the pubis to the umbilicus and the thighs to the knees, using soap and warm water and taking care that the soap suds and rinsings do not come in contact with the vaginal opening. Dry thoroughly with a clean towel. Nothing is to be put into the vagina and instruct the patient to keep her hands away. See that the bladder is emptied at regular intervals

15. The bed under the patient is to be kept dry and clean

16. Second Stage of Labor:
Watch the mother carefully in the second stage of labor.

The basin containing the boiled wipes and the pan containing the boiled cord ties and scissors may be uncovered now. If the wipes are cool, add warm boiled water. Unwrap a sterile gauze square for cord dressings and wipes.

In the second stage of labor, and not earlier, encourage the mother to push down when she has a contraction. She can flex her legs on her abdomen during a contraction, but, as soon as the head crowns at the vulva, have her lower her legs to the bed, flex her knees and pant. Too much force behind the head at this time might push it out too quickly and cause the edges of the perineum to tear. When the contraction is over, and before another begins, the head will come out much more slowly if the mother pushes just a little. This makes it easier for the nurse to control the birth of the head and may possibly prevent lacerations. Immediately after the birth of the head, the nurse should feel the baby's neck to find out whether it is encircled by one or more coils of the umbilical cord and if so, it can usually be lifted gently over the shoulder or over the head, whichever is easier. Support the baby's head with one hand and with the other, wipe away the mucus from the eyelids, nose and mouth. The baby's head will turn and with the next pain, his shoulders and body will be born. Have someone record the time.

17. Care of the Baby
As the feet are delivered, hold baby by the ankles with one finger between them so he will not slip out of the hands. Be careful that you do not pull on the cord. With the other hand upon his forehead, bend his head slightly back so the mucus and fluid can drain out. If he does not cry at once, rub your fingers up and down his back to stimulate breathing. When breathing is well established, and he has a good color, lay him on a clean place, either between the mother's legs or on top of the sheet on the mother's abdomen. If there are no signs of the separation of the placenta, the cord may be tied at this time to get the baby out of the way. There is really no hurry as this can be done later. Place the first tie one

inch from the baby's naval and the second about one inch from the first. Be sure to tie square knots, and when drawing the cord tight, exert pressure toward the baby so as not to pull the cord. Cut between the two ties. With a sterile wipe, gently milk the stump to see if there is any bleeding. The third cord tape is an extra, just in case it is needed. Put the sterile cord dressings on and hold in place with a band. Wrap the baby in a warm blanket and put him where he can be watched.

18. After a brief resting period, the uterus will usually begin to contract with pains to push out the placenta. Do not try to hurry this by pulling the cord.

    Signs to watch for in the expulsion of the placenta:

    a. Contractions can be felt with the hands on the mother's abdomen
    b. A trickle or small gush of blood at the vulva
    c. The cord comes farther down as soon as the placenta is pushed from the uterus into the birth canal
    d. The uterus feels rounder, smaller and harder and rises above the umbilicus as soon as it has expelled the placenta.

    At the time of the contractions, have the mother bear down strongly to expel the placenta. Catch it in a basin or newspaper. Be sure that all the membranes come with the placenta. Later, inspect this to make sure that it is intact. Save the placenta for the doctor's inspection.

19. Bleeding

    If the uterus becomes soft, massage it gently and hold for about thirty minutes to an hour or until it is firm. If more than one cup of blood is lost before or after the placenta is delivered, help should be sought. Make sure that the bladder is emptied frequently. If there are standing orders for an oxytocic, this should be used to prevent blood loss as well as to control it.

20. Immediate After Care of Mother and Baby

    a. Wipe off the blood from the mother's external genitalia with boiled wipes and look for tears. If there are any, they should be reported to the doctor at once. Put on clean perineal pad and a clean pad under the mother. See that she is warm. Give her a hot drink as soon as possible. Have her lie on her back with her knees together and remain absolutely quiet for at least two hours. Her temperature, pulse, respiration and blood pressure should be taken at this time, if equipment is available.

    b. The first thing to do for the baby is to put two drops of one percent silver nitrate into each eye, depending on standing orders, then carefully inspect his body as he is given an oil bath. After he is dressed, he is ready for a drink of warm boiled water and a safe place to sleep.

    c. Birth Certificate

    When care has been given to mother and baby, and the family has been carefully instructed in their care, the birth certificate may be filled out. It is safer to stay with the mother for at least two hours after the baby is born, especially in a rural area. Here again, adequate standing orders will help plan for the continued care of the mother and baby.

First Stage of Labor

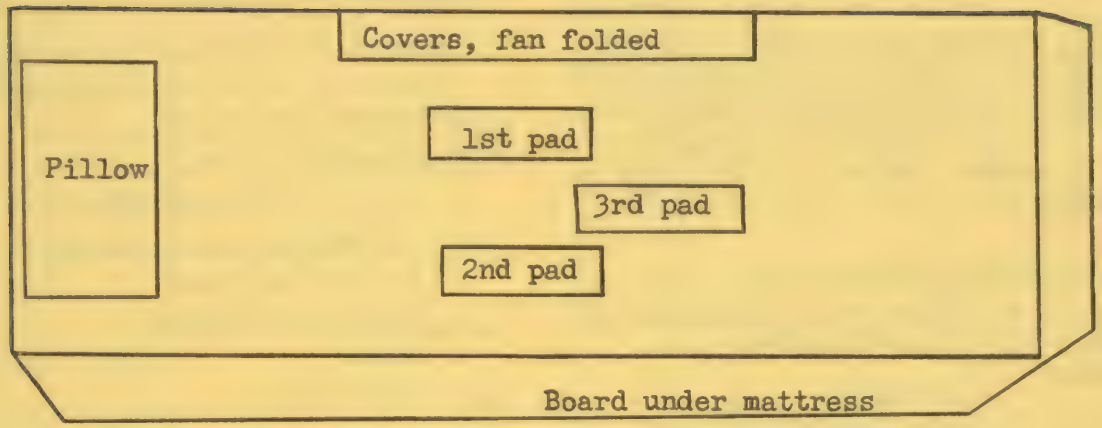
Nutrition in Intrapartum Period

1. Give fruit juices with sugar or lactose. These foods contain carbohydrate which leaves the stomach quickly and is readily absorbed; hence, has the following benefits:

    a. To avoid faintness which delays labor
    b. To avoid acidosis which contributes to shock
    c. To avoid dehydration

2. Give fluid *ad lib.* and intravenous glucose (ordered by physician) in prolonged labor
3. Avoid food and drink if anesthesia is anticipated

Bed set-up - lengthwise

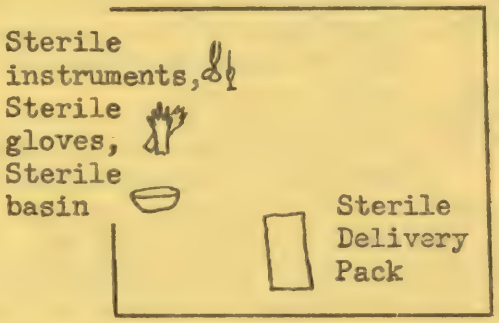


Waste pail

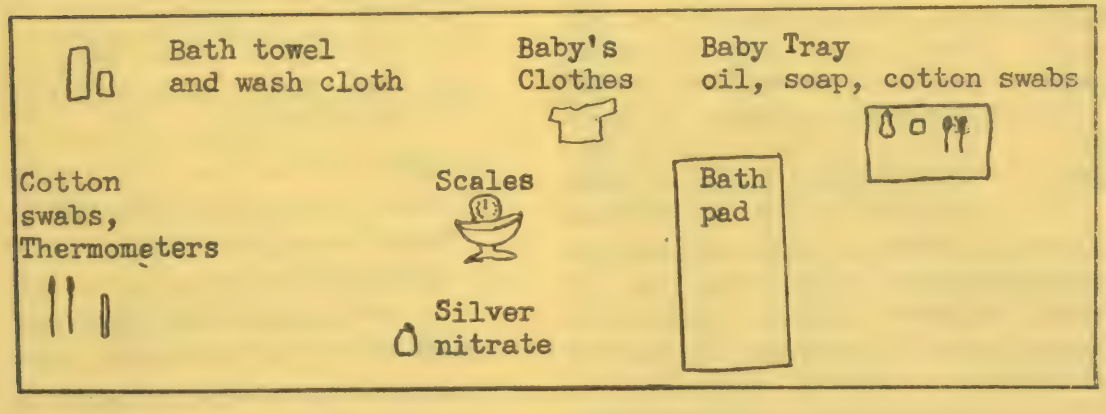
Chair for doctor

Nurse's Table

Doctor's Table



Baby's Bath and Nurse's Work Table



Second Stage of Labor

1. No food or fluid intake when the cervix is seven to eight centimeters

Post-partal Period

Since the infant mortality rate is highest in the first month of life and since such valuable foundations of physical and emotional health can be laid in the first few days of life, we give as intensive service to mothers delivered in the home as possible.

Case Finding

Nurses receive referrals from:

1. Emergency Maternity and Infant Care Program
2. Hospitals
3. Physicians
4. Newspapers.

Case Selection and Spacing of Visits

Visits are spaced according to the needs of the individual mother. While the mother is in bed, it is the nurse's responsibility to see that she has adequate daily care in so far as possible.

Subsequent visits are continued until the mother is physically and emotionally able to resume normal activity and fulfill intelligently her task of caring for herself and family. Before postpartal nursing service is terminated, the nurse makes every effort to teach the mother the value of good hygiene and adequate medical supervision, not only during the maternity cycle but throughout the child bearing period.

Guidance

Content of Home Visits

Guidance should be started as soon as possible in the postpartal period and be a continuation of the antepartal guidance. If nursing care is given to patient during antepartal period or early postpartal period, the guidance will grow naturally out of the observations and demonstrations during that time. If, however, the patient is first seen late in the postpartal period the same effort toward establishment of friendly relations as in the first antepartal visit, will be essential.

Analysis of situation and planning in addition to that suggested under antepartal period:

1. Mother's condition and learning during antepartal period of present pregnancy
2. Knowledge of delivery; by whom, type (normal or operative); hours in labor; lacerations and sutures
3. Observation of mother:
   a. General conditions; attitudes
   b. Temperature, pulse, respiration
   c. Condition of breasts
   d. Condition of fundus
   e. Lochia
   f. Elimination
4. Information as to condition and care since last visited
5. Family relationships.

Breast Care

Purpose

1. Initial care
   a. To prepare the breasts for the period of lactation
   b. To teach the mother the important need for good hygiene in the handling of her infant
2. Daily care
   a. To cleanse and protect the breasts
   b. To preserve the mother's milk supply.

Equipment

1. Breast tray (plate, or pan may be used)
   a. Sterlized covered jar or bottle for boiled water
   b. Sterlized covered jar for clean cotton swabs or applicators
   c. Paper bag for soiled swabs
   d. Any specific medication ordered by the physician.

Method

1. Nurse, attendant or mother to wash hands thoroughly with soap, water
2. Wash and dry nipples before each nursing with cotton swab and boiled water unless otherwise ordered by physician
3. Cover nipples for protection between feedings with clean cloth or towel

4. Apply without pressure a supporting binder or brassiere when necessary
5. Report any abnormality such as sore or cracked nipples or lumps accompanying engorgement, to the physician immediately.

Other instructions

1. Tell mother and helper *what* you are doing, *how* you are doing it, and *why* you do each procedure
2. Give them time to practice and have them repeat the above to you
3. Review with mother breast care during prenatal period
4. Stress the washing of breasts daily with clean cloth, soap and water
5. Show mother how to hold baby properly when nursing
6. Teach the mother ways to determine the regular intervals at breast and length of feeding taking into consideration the infant's own feeding pattern
7. Supplement teaching with pertinent literature, describing care to be given.

Perineal Care

Purpose

1. To protect the mother against infection
2. To keep the mother clean and comfortable
3. To promote healing and prevent irritation

Equipment

1. Chair or table at head of bed covered with newspapers containing the following articles:
   a. Clean boiled covered jar of cotton sponge (remove lid)
   b. Clean boiled covered jar of boiled water (remove lid)
   c. Clean vulval pads
   d. Paper napkins for cotton sponges
   e. Newspaper bag for waste
   f. Extra newspaper to go under patient
   g. Any specific medication ordered by the physician.

Method

1. Drape patient
2. Place newspapers or pad of newspapers under patient and "T" binder at foot of the bed
3. Place bedpan under patient, remove perineal pad from front backward toward anus, and dispose of pad in newspaper bag
4. Wash hands thoroughly using soap and water
5. Place six or more dry cotton sponges in the lid of jar and moisten with boiled water, be careful that sponges do not drip
6. Wipe from mons downward over the perineum with only one stroke and discard in the newspaper bag
7. Observe condition of area
8. Use additional sponges for each stroke until area is clean and dry (be careful not to carry external infectious organisms to vaginal tract
9. Remove bedpan and turn the patient on either side to cleanse and dry anus and buttocks using backward stroke
10. Apply the vulval pad (if used) from front backward toward anus and fasten so it cannot "ride frontwards"
11. Wash hands thoroughly using soap and water.

Nutrition in Postpartal Period

While an adequate diet during the antepartal period helps to insure a good flow and quality of milk, continued lactation requires the same quality of diet with considerable increase in quantity. Therefore, the following additions to the antepartal diet:

Milk—one pint (making a total of one and one-half quarts per day)

Vegetables and fruits — two additional servings (making a total of five to seven servings per day). An additional serving of orange, grapfruit, tomato or the juices; raw cabbage is especially good for additional Vitamin C

Meat or fish—another generous size serving (making a total of two servings per day)

Egg—one (making a total of one or two eggs per day)

Additional foods to satisfy appetite, amount and kind of these depends upon mothers gain in weight.

Conclusion of Visit:

1. Instruct helper regarding:

Conclusion of Visit

Observation of the mother between the nurse's visits

a. General condition

b. Breasts

c. Lochia.

2. Interpretation of the physician's orders in regard to:
   a. Rest, exercise
   b. Nourishment
   c. Elimination
   d. Breast care.
3. Preparation for next visit and arrangement of time and care of equipment.

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Part II-III covers the growth and development of the fetus, the changes in the maternal organism during pregnancy, labor, and puerperium, and nursing care during the normal maternal cycle.

Part IV deals with preparation for childbearing and the importance of the coming of babies to family life. It contains class outlines for group instruction of mothers and fathers. 1943. $1.00.

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SOURCE OF MATERIAL

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National Dairy Council, Chicago, Illinois.

U. S. Department of Agriculture, Washington, D. C.

INFANT HEALTH

Statement of Situation

Five times as many babies died in 1943 as there were United States Servicemen killed in action in that year of world-wide war. Our loss of men on the battle front was 24,000. Our loss of babies (in their first year) on the home front was 118,000. In Indiana the situation has improved steadily over a fifteen-year period as shown by the following data. The figures indicate the death rate per 1,000 births over the five-year period:

1929-1933 inclusive	57.2
1934-1938 inclusive	50.1
1939-1943 inclusive	39.3

These rates show that in the period 1939-1943, there were over 30 per cent fewer infant deaths than in a similar five-year period ten years earlier (1929-1933).

As progress is made in lowering mortality rates, it will be necessary to shift our emphasis somewhat to changing conditions; for example, provisional data for 1944 and 1945 show that almost 200 deaths due to diarrhea in babies under two years of age were reported in Indiana in *each* of these two years. Diphtheria claimed the lives of another 68 persons, mostly children, in these two years.

These diseases are almost entirely preventable, and the deaths from these causes are therefore especially tragic. We know now, too, that immunization against whooping cough is highly effective and must be given early in life in order to save lives. Home visits, Mothers Classes and Well Child Conferences, with emphasis on good infant hygiene and nutrition, and early immunization—these are the best weapons of combating the fore-mentioned diseases. The greatest value of such conferences is in their educational effect upon the family and upon the community. Because of this, the quality of the conference is more important than the total number of infants and children seen or visited. The Public Health Nurse not only is interested in the prevention of illness and deaths in this period, but she realizes that if the infant has the advantage of a good health regime, the result is that a better physique and foundation is more likely to result for all of life. She realizes that this is true, not only of the physical well being, but also of his social well being.

Among the concrete problems now being particularly stressed throughout the nation, are the prevention, diagnosis and care of crippling conditions in their very earliest stages: prevention and expert care in prematurity: and guidance for emotional health.

Home Visits

Home visits are essential for giving individual supervision and instruction where needed, and assisting the family to fit the child into the family life. Probably the family is most receptive during the early neonatal period, and bedside care and demonstration pave the way for later supervision.

1. Content of Home Visit:
   A. An inspection of the child. This may be done during bath or weighing. (See outline, "A Guide For Inspection of the New Born", immediately following this Section on "Infant Health" for content of inspection.)
   B. A conference with the mother about his health
   C. Demonstrations and suggestions regarding his care
      1. Bath—either the table bath, lap bath or bathinette technique may be used in the home. When the umbilicus is healed, a tub bath may be given.
         a. Purpose of bath is to cleanse, to relax baby's muscles and to keep skin in good condition.
         b. Safety — principles involved. Protect from falls (never leave alone on table), protect from exposure, warm room no drafts, keep covered, wear mask if nurse has a cold. (Teach mother scientific principle involved). Hands clean.
         c. Comfort—principles involved. Physical comfort as outlined under "safety". Mental comfort; handle gently but firmly. Mother should choose the time when she is least apt to be hurried or disturbed so that both she and baby may enjoy bath period. Bath should precede feeding.
         d. Economy of time. Prepare complete bath unit before picking up baby. (A good routine for the infant bath may be found in the Manual of Public Health Nursing by National Organization for Public Health Nursing, third edition, pp. 208-213).
   D. Discussion of type of feeding:
      1. Breast
         a. Mother's interest in promoting lactation
         b. Mother's knowledge of factors which promote lactation even if baby has supplementary feeding, effective guidance or factors promoting lactation may result in complete breast feeding.
      2. Formula—Demonstrate (For detailed technique, refer to National Organization For Public Health Nursing Manual, pp. 214-216. Refer mother to chapter on "Cows Milk Feeding" in *Infant Care*, Children's Bureau, Federal Security Agency, Washington, D. C.).

Mothers' Classes

See *Public Health Nursing in Obstetrics—Part IV*, "Mothers' and Fathers' Classes", Maternity Center Association, New York, New York, 1943.

The Premature Infant

See outline on premature care which is included in this section of the Manual; also "Premature Infant", *Infant Care*, Children's Bureau, Federal Security Agency, Washington, D. C.

Incubators

See Section VI for incubators available in the State of Indiana for premature and immature infants.

Nutritional Guidance

According to medical authorities, 90 percent of the mothers can breast feed their infants. Breast milk is better suited to the infant's digestive system and growth needs than any artificial formula can possibly be.

Advantages of breast feeding to the infant:

1. Breast milk is physiologically adapted to the infant
2. Easier to digest as protein forms a soft, fine curd
3. Better utilization of protein, minerals and vitamins in breast milk
4. The composition of breast milk is adapted to the changing need of the infant as he grows
5. Mother's breast milk contains protein of same nature as that constituting the body of the infant; hence, seldom any allergy in infants on mothers' milk.

6. Mortality and morbidity decreased by breast feeding
   a. Study made in Chicago with Dr. Gruly showed that the death rate was ten times greater in artificially fed infants than in breast fed infants.
   b. The same study showed that diseases of the lungs, throat, stomach and intestines are almost two times greater in artificially fed infants than in breast fed infants.
7. Better for infant's emotional growth. Breast feeding gives infant more of a sense of security and usually more affection.
8. Nursing the mother's breast brings about optimum development of the jaws, of the nose and roof of mouth.
9. Provides a safe, sanitary method of feeding.

Advantages of breast feeding to the mother:

1. Completes the cycle of motherhood
   a. Infant and mother are united by many chemical, physiological and mental bonds. Nursing helps to complete the bonds.
   b. Brings about a normal and deep sense of feeling of mother love
2. Improves involution as it brings about rhythmic contraction of the uterus
3. Breast feeding is quick, convenient and dependable
4. Breast feeding is economical. No equipment, refrigeration or supplements are needed.

If there is some specific reason why the infant cannot be breast fed, a formula which is easily digested, and adjusted to his growth needs, should be given according to the physician's recommendation.

Extension of the diet during the first year: During the first year of life foods in addition to milk are: fruit juice, fish liver oil, cereals, eggs, vegetables, fruits, scraped or ground meat and toast or dried bread.

Prevention of Disease[1]

Diseases in infant may be prevented by the following methods:

1. Feeding infant enough clean nutritious digestible food
2. Keeping infant away from sick people
3. Giving infant special protection (inoculation) against some diseases
   a. Infant should be vaccinated for smallpox, and immunized against diptheria and whooping cough in the early months of life. Immune Globulin for infants exposed to measles according to physician's recommendations
4. Paying special attention to his mother's health before he is born and while he is being nursed. (Example—Mothers with Tuberculosis and/or Venereal Disease infections).

Teaching Aids

1. Demonstration doll
2. Recommended clothing
   a. Patterns in Vogue, McCall and Butterick
3. Demonstration trays
4. Posters and literature

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[1] Adapted from material in *Infant Care,* Children's Bureau. Federal Security Agency and *Health Practice Indices,* American Public Health Association.

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A Guide for Inspection of The New Born

Normal	Deviations from Normal
Posture	
Lying on back	1. Does not voluntarily bring head to mid-line while crying vigorously
Head—Asymetrical	2. Tightness on one side when head is moved passively
Held to right or left, resists any attempt at interference but acquires mid-line position when crying	3. Restless, purposeless head movements
Extremities	
Legs	
Flexed and in slightly outward rotation at hips	1. Legs cannot be passively straightened after child is one week old
	2. Legs adducted or inclined toward scissors position
	3. Impairment of function or paralysis
Arms	
Slightly flexed	1. Arm lying limp at side, humerus inwardly rotated, elbow straight, hand pronated, function impaired
May assume varied positions when asleep	2. Wrist and hand may be involved
Lying Supine	
Spine	
Two curves present, dorsal and sacral, each convex, posteriorly	1. Abnormal growth of hair in the lumbar sacral area
	2. Soft tumor
	3. Dimpling and scarring of skin at lumbo sacral area
	4. Tactile and thermal sensory disturbance
Crying	
Cries lustily when stimulated	1. Cry feeble or difficult to maintain
	2. Whining or moaning

Sucking	
A well-developed reflex	1. Absence or poorly developed sucking reflex
Eyes	
React readily to light Pupils equal in size	1. Failure of pupils to react to light
Mouth	
Lips—Red and smooth Gums—Puckering may be present Palates—soft and hard Are well formed and fused	1. Partial or complete non-union of one or both sides of mouth, maxillary bone, or palate 2. One or all three may be involved
Neck	
1. Sternocleidomastoid muscle, smooth, equal both sides 2. Flexible 3. Able to assume midline position of head	1. Sternocleidomastoid muscle tight on one side 2. Head tilted toward affected side and twisted so that chin points in opposite direction
Joints and Muscles	
Moves arms and legs vigorously when stimulated (Detailed explanation of various joint movements, by Stevenson, J. L., included in Orthopedic folder, State Department of Public Welfare, 141 South Meridian St., Indianapolis, Indiana.)	1. Noticeable limitation in activity of any extremity

THE PREMATURE AND IMMATURE INFANT

Definition and General Statement

A premature infant is one who weighs 2,500 grams (5½ lbs.) or less at birth, regardless of the period of gestation. The infant mortality rate in Indiana decreased from 39.9 in 1943 to 34.5 in 1944. In about 42 percent of the infant deaths reported in 1944, prematurity was cited as a factor. Almost 50 percent of the deaths occurring during the first month of life were due to causes connected with prematurity and immaturity.

Role of the Public Health Nurse

The problem of prematurity must be considered from two angles:

1. We must do everything possible to prevent the termination of gestation before the end of the tenth lunar month.
2. We must prevent the death of infants in event they are born prematurely.

In the prevention of prematurity the public health nurse's role depends upon her understanding of the known causative factors

and her ability to assist the patient to secure adequate medical supervision throughout her pregnancy and at the time of delivery. Prematurity, classified in relation to causes, in so far as they are known, follows:

1. Mothers having accidents, acute illness, toxemia of pregnancy, or abnormal placental implantation leading to symptoms of bleeding
2. Habitual prematurity
3. Those mothers who start off with an abortion or a premature and, with successive pregnancies, produce heavier infants
4. Those mothers who produce several normal infants but with successively lower weights, until the last infants fall into the premature group. This is a process resembling fatigue but is not especially related to frequent pregnancies.

After the birth of a premature infant, the value of the nurse's service depends upon her awareness of the difference between the premature and the full-term infant and upon her knowledge of the basic principles of premature care. The public health nurse will need to consider and plan for:

1. The infant born at home and who will be cared for at home
2. Transportation to the hospital for the infant born at home and needing hospital care
3. Home care of the infant who is discharged to the home after hospital care
4. Transportation from the hospital to the home.

In considering her responsibility for the first two groups, it must be remembered that equipment for immediate care always needs to be available, and the nurse's plan of work must be sufficiently flexible that a visit can be made as soon as the birth of a premature infant is known. The care of the infant is time consuming and the first 24 to 48 hours are critical ones. Frequently the public health nurse is the only skilled person to give this care, and it may be necessary for her to give actual care during those first few days. In any event, she should assume responsibility for supervising the care unless the baby is removed to a hospital or is given care by a graduate nurse who has special knowledge of premature infant needs.

Equipment Which is Needed

The equipment needed is as follows:

1. An incubator equipped to be heated in any home and while enroute to or from hospital

   Plans and specifications for premature infant incubators may be obtained from the Division of Maternal and Child Health of the Indiana State Board of Health. In communities where an incubator is needed and a local organization wants to sponsor the project of having one made locally, the plans and specifications may be obtained likewise.

2. Premature nursing kit including:
   a. Medicine dropper with rubber tip (2) for feeding
   b. Small soft rubber tipped ear syringe for aspiration
   c. Premature jacket (3)
   d. Diapers (6)
   e. Mattress pad for incubator (3)
   f. Rubber sheet for incubator (1)
   g. Small bottle Aromatic Spirits of Ammonia
   h. Small box of cotton
   i. Rectal thermometer.

Principles of Care

The keynote of premature care is close observation with elimination of unnecessary handling. The following principles should be observed.[1]

1. Prevention of initial shock due to exposure to cold
2. Prevention of cyanotic attacks
3. Stabilization of body temperature
4. Prevention of infection
5. Adequate nutrition.

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[1] *Manual of General Care for Premature and Immature Infants*, Indiana State Board of Health.

Physician's Orders or Instructions

The nurse should obtain written orders from the physician when she is present at the delivery or on her first visit to the home. However, she should have signed standing orders from every physician in her community to be used in his absence. Standing orders should cover:

1. Treatment of cyanosis
2. Temporary cessation of respiration
3. Removal of mucus from the respiratory tract
4. Time and type of feeding
5. Desired temperature of heated bed until body temperature is stabilized.

Frequency of Visits

If the infant remains at home with a member of the family giving care, daily visits are necessary until routine feeding schedule is established. Subsequent visits are dependent upon condition of baby and ability of attendant to give care. In general the baby should be visited once a week until its weight is comparable to that of a normal full term infant, then once a month during the first year.

If the baby is hospitalized, the nurse should visit the home before the baby is brought to it. She should contact the hospital and the physician before making this visit, and make every effort during the first few weeks to continue about the same routine in the home as was carried out in the hospital. Home follow-up of premature infants about to be discharged from the hospital is the responsibility of the public health nurse. In these visits she should determine:

1. The readiness of the family to care for the premature upon its discharge from the hospital
2. The possibility of providing an isolation unit for the infant
3. The presence of infection in the home
4. The ability of the mother or some other member of the family to assume complete responsibility for the care of the baby
5. The necessity of making special preparations and providing equiment for care.

All these factors should be given careful consideration by the family, hospital and health department before the infant goes home. Reports of the findings by the public health nurse to the physician and hospital will provide for better coordination of care of the infant.

Arrangements should be made to visit the home on the day of discharge or on the following day to give or demonstrate any care necessary and to help the mother adjust to the baby and the baby to the mother. The frequency of following visits will be dependent upon the ability of the family to handle the situation, thereafter visits should be made once a month during the first year.

Teaching Aids

*1. Breast Milk for Your Baby (manual expression)

*2. Your Premature Baby (information for mothers)

*3. Infant Care

*4. Kit for Premature Care

*5. General Care for Premature and Immature Infant.

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WELL-CHILD CONFERENCE

Aims and Purposes of Well-Child Conferences

The aims and purposes of well-child conferences follow:

1. To promote positive health, prevent disease, and reduce mortality of the children in Indiana
2. To observe growth and development of the individual child

* All material may be obtained from the Indiana State Board of Health.

3. To detect early deviations from the normal

4. To assist parents in better understanding the needs of the child and how to meet these

5. To offer to physicians and dentists an opportunity to engage more fully in preventive pediatric and pedodontic practice and to improve relationship between physician, dentist, parent, child and public health personnel.

Community Responsibility for Organization

Although it is recognized that the health of the individual child is the responsibility of his parents, parents must have an understanding of the fundamentals of the normal growth and development of the child. They must also have access to the facilities for the protection and promotion of child health. Many parents have no other means of provision for this service unless it is made possible through organized community resources.

Responsibility of the Sponsoring Group

A sponsoring group of interested people in a community is the most important supporting factor for the establishment and success of the conference. One of the responsibilities of the sponsoring agent is to gain the cooperation of the local physicians and the county Medical Society in attempting to plan and organize a well-child conference. It is better to scrap the whole idea, if the local medical group is not willing to support the venture.

Other responsibilities of the sponsoring agent are to assist in studying the community in regards to (1) its resources and facilities for organizing a local service, (2) the infant mortality rate, (3) the social and economic status of the people who need this service, (4) some indication of the interest of parents in having this type of service offered them. One method of determining the interest of the parents is to have registration and have all the mothers who wish to have their children attend such a conference register them.

Consultant services should be made available to the sponsoring group in helping to plan and organize the conference.

Eligibility

In determining eligibility the opinion of the local medical group must be considered. The primary purpose of the well-child conference is educational, hence every child below the age of six years should have the privilege of attending the conference. Probably the only exception would be those children who are already receiving routine medical supervision by a private physician.

Only well children are to be accepted. Each child with symptoms of illness should be referred to his private physician.

I. *Personnel:*

A. Medical—Physicians should be selected by the sponsoring group with the approval of the local Medical Society and the Indiana State Board of Health. It is recommended that each physician serve a minimum of six months and it seems best not to have more than three physicians rotating their services at any one conference. Each doctor should be given a copy of Doctor Amos Christie's article, *Objectives and Techniques for Conducting Child Health Conferences.*

B. Dental—Dentists will be selected in the same manner as the physicians; if there are no local dentists available a request may be sent to the Director of the Division of Maternal and Child Health, Indiana State Board of Health for the services which may be available.

C. Nurses—The nurses conducting conferences may be the local public health nurses. It is desireable to have two nurses present at each conference when practicable.

D. Volunteer Assistance — Volunteers will be carefully selected from the sponsoring group by the nurse. Special consideration will be given to their qualifications as to reliability, discretion and good judgment. It

is advisable that they have completed a Red Cross home nursing class. The public health nurse will plan the training for these volunteers in specific duties in the conference.

E. Specialized Consultants — Consultants such as Health Educator, Medical Social, Medical, Dental and Nursing Consultants should be available to the conferences.

II. *Services:*

A. *Medical:*

1. A medical examination and recording of conditions in sufficient detail to give a picture of the findings and recommendations. These notes may be made by the doctor or dictated to the nurse.
2. Doctor should discuss these findings with the mother and make recommendations. This is the most important function of the conference.
3. Immunizations:—Policy should be decided upon before starting conference as to whether the local Medical Society wishes immunizations to be given at the conference. At any rate, a child should attend conference at least once before any immunizations are begun. Every reasonable effort should be made to have the immunizations completed before the child is one year of age.

B. *Dental:*

1. Dental examination and recording of findings—desirable every six months
2. Discussion by the dentist with the mother of findings and recommendations
3. Referral of children with defects to the family dentist.

C. *Nursing:*

The nurse in charge, with the assistance of the volunteers, is responsible for the smooth running of the conference in cooperation with the conference physician. The nurse may ask for assistance from the generalized consultant in the branch office, in specific procedures and techniques for conducting the conference.

Nurses are responsible for the following:

1. Making a plan for the arrangement of equipment and supplies
2. Reminding physician or dentist several days in advance of the approaching date of the conference
3. Taking of histories and recording of other vital information
4. Taking of temperatures of children attending conference
5. Weighing, measuring and preparation of the child for the physician's examination
6. Scheduling future visits of the children to the clinic
7. Instructing and supervising of volunteers
8. Preparing for the administration of toxoid and vaccine
9. Making home visit whenever possible after the first conference visit of the child to make sure that all instructions given at the conference are understood and to give any additional guidance indicated
10. Providing follow-up of all children who have made one visit to the conference and do not continue attendance at the appointed time
11. Informing physician of any pertinent social or economic information which she has regarding the family
12. Assisting the mother to understand related social agencies where there is a need to refer a child to such agencies

13. Planning exhibits for the conference center

D. *Volunteer Services:*

The nurse may delegate to the volunteers who are trained such duties as:

1. Taking of temperature
2. Weighing and measuring of children
3. Serving as hostess
4. Making of supplies and caring for equipment
5. Keeping records
6. Arranging for transportation.

E. *Specialized Services:*

Specialists are available for a limited amount of direct services to conferences to assist with special problems and to plan and help provide educational material.

III. *Administrative Factors:*

The medical director of the branch offices will be able to give assistance in helping to arrive at administrative factors such as phyiscians' and dentists' honorarium, location of conferences, frequency of conferences and attendance at conferences.

IV. *Equipment:*

All equipment should be supplied by sponsoring group or local community, in so far as possible. The examining physician usually is responsible for providing his own stethoscope, otoscope and headlamp.

On request to the branch office some equipment may be available from the Division of Maternal and Child Health.

For list of necessary equipment and supplies see *The Child Health Conference,* Children's Bureau publications No. 261, p.713.

V. *Records:*

1. Child health record forms are available from the Indiana State Board of Health. Refer to *Explanation of Indiana State Board of Health Nursing Record Forms For Public Health Nursing Services,* for specific forms.
2. "Report of Well-Child Conference" should be forwarded to the Division of Maternal and Child Health, and a copy to the Division of Public Health Nursing following each conference.
3. In order to have available at all times the name and addresses of children attending the conferences, the dates of their attendance and date of the next appointment, an attendance record is helpful. A suggested record may be found in the *Explanation of Indiana State Board of Health Nursing Record Forms.*
4. Nursing activities carried out on home visits should be noted on the child health conference record and recorded on the family folder.

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PRESCHOOL

Statement of Situation

The preschool period of a child's life is generally referred to as that period between one and six years of age. According to the 1940 census approximately seven percent of the population in Indiana was made up of children from one to six years of age. The five leading causes of death in Indiana in this group are:

1. Pneumonia (all forms) and influenza
2. Accidents excluding motor vehicle accidents
3. Diarrhea, enteritis, ulceration of intestines
4. Congenital malformations
5. Motor—vehicle accidents.

An analysis of the causes of death indicates that children in this age group would profit from the service which emphasizes the care and development of the child and the relationship between his physical, emotional and social health.

Public Health Nurses' Responsibility

Some of the responsibilities of a public health nurse in a preschool health service are:

1. To give and demonstrate nursing care
2. To teach the value of medical health supervision
3. To explain the need for correction of defects
4. To encourage the development of good health habits
5. To help the family understand the physical, mental and emotional development of the child.

Case Finding

Preschool children in a community may be found through the following means:

1. Families carried for other services
2. Infants who reached preschool age
3. Referrals from physicians, from welfare and other community agencies
4. Township assessors

Case Selection

The following preschool children should be given preference for preschool nursing service:

1. Those with special problems or needs, as handicapped children, tuberculosis contacts, children presenting behavior problems
2. Those referred by physicians or clinics
3. Those in families carried for other services
4. Those children whose parents might benefit particularly by the assistance of the nurse.

Home Visit

In making a preschool home visit, the nurse observes the general principles of home visiting, keeping in mind the responsibilities of the public health nurse in a preschool health service as outlined above.

Nutrition

A diet for preschool children.[1]

Good Food Habits of the Preschool Child:

Good food, in small amounts, offered in a matter-of-fact way, without urging are the main points in helping children to develop good food habits. A child should not be forced, coaxed or bribed to eat. Serve the food attractively in pleasant surroundings and have the physical set up suited to the age and size of the child, then most children will eat the food placed before them.

Regularity is a great help in habit building. Therefore, a child should have three meals a day at regular hours. If he seems to need extra food, it should be given as a regular meal, as a mid-morning or mid-afternoon lunch; but there should be no nibbling or "piecing" between meals. The surest way to avoid piecing is to hold to the rule that the child eats only when seated at the table for a regular meal whether this three, four or five times a day.

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[1] Rose, Mary Swartz, *Feeding the Family*, 4th Edition, The Macmillan Co., New York, 1940, pp. 185-215.

Suggestions for Nurses in Guidance of Parents of Preschool Children[2]

General Suggestions in Guiding Behavior:

1. Provide safe environment and avoid hazards while child is learning to discriminate
2. Before giving directions, gain child's attention
3. Use language the child can understand and enunciate clearly and slowly
4. Forewarn the child when activities must change
5. Give only one direction at a time and be consistent
6. Realizing his capacity, be reasonable in your requirements, but see that he carries out directions
7. Behavior is rarely influenced wisely by command, punishments when angry, bribes or threats
8. Give assistance and encouragement when really needed and save recognition for real accomplishments.

Special Problems in Behavior

Some special problems in guidance may be evident; for example:

1. Sex interest begins early, but it matures slowly. When a child asks questions which indicate such interest, he should be answered with simple straight forward explanations. It is unwise to give him information for which he is not ready.
2. An occasional untruth or failure to obey; an occasional outburst of temper or destructiveness; periods of fear, jealousy or shyness are all a part of growth.
3. A child who is ill or over-tired or over-excited may relinquish some of the responsibility he has assumed and demand to be treated as he was when younger (i.e. be fed, or lapse in toilet training); recognize this as temporary lapse, not misdeed, but expect the child to assume responsibility (perhaps gradually) as he feels better.

[2] A portion of material prepared by the Staff Nurses in a Special Responsibility Group on Child Growth Development with Consultants: Dr. Arnold Gesell, Dr. Catherine S. Armatruda and Dr. Frances Ilg, *Suggestions for Guidance of Preschool Children*, Henry St., Visiting Nurse Service, New York. The entire guide is available upon request from the State Board of Health.

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SCHOOL HEALTH

Statement of the Situation

School nursing is that phase of public health nursing which considers the well being of the school age child in his total environment of home, school and community. The children concerned constitute approximately 20 percent of the total population. Approximately half the children in Indiana of school age reside in areas of 2,500 population or less. Rural areas are lacking in many of the medical resources and the

need for health services is great. The scattered population and lower financial resources in many of these rural areas means that some adaptation is necessary of school health procedures. On the other hand, in rural areas the school often is the center for community life; and therefore, concentration on the health of school children offers greater opportunity to influence the health of the community than may be the case in an urban area.

The five leading causes of death in Indiana, in the age group five to fourteen years, (inclusive) in order of incidence are:

1. Accidents excluding motor-vehicle accidents—(Burns, Firearms, Falls, Poison except gas, Drowning and others)
2. Motor-vehicle accidents (Pedestrian, Bicyclist, Occupants of cars and others)
3. Diseases of the heart
4. Pneumonia (all forms) and influenza
5. Appendicitis

In interpreting these figures it should be borne in mind that mortality from diseases is naturally low in this age group, thus accidents assume greater proportions.

A study of accidents[1] in this age group shows that the larger percent occur in school buildings, second on school grounds and third, on the way to or from school; slightly more than half are school jurisdiction cases. The remaining cases are divided: first, away from school or home; second, in or about the home.

In school buildings accidents occur in gymnasium, halls, on stairways, in classrooms and vocational shops.

On school grounds, a large percentage of the accidents occur in unorganized activities. Morbidity in this age group is made up of:

1. Communicable Diseases: acute communicable diseases, tuberculosis, impetigo, etc.
2. Infestations: pediculosis, ring worm, scabies
3. Physical defects: especially of teeth, ears, eyes, heart, lungs, nose, tonsils, nutrition, orthopedic, secondary glandular conditions
4. Habit handicaps: improper food, uncleanliness, carelessness
5. Accidents: casual wounds and injuries, automobile accidents.

In order to protect the health of school children, we need to carry out measures designed to prevent the occurrence and spread of communicable diseases, provide a hygienic environment, inculcate the understanding and practice of safety and hygiene by the pupils themselves, discover and correct defects, discover and correct safety hazards.

General Responsibility

The school superintendent is ultimately responsible for every activity within the school system; likewise, the principal is responsible for every activity carried on in the building under his charge. Therefore, the school health program, including school nursing, must have the approval of the superintendent and principal under whom it is administered. Whether employed by the school, the board of health, or by a voluntary agency, while working in the school, the nurse is expected to adhere to the policies of the school. The State Department of Public Instruction in Indiana is the official agency having the major responsibility for such policies. Refer to *Here Is Your Indiana Government*[2] for information on local school boards, especially in the rural areas.

The objective of local health units for the entire state focuses attention on the necessity of consolidating services and of determining the best means of providing school health service through local units.

The school health service is more effective when it is integrated with the work of other local public health agencies. Cooperative community planning is imperative. The planning group, which may be called the school health council, includes the county and city health department staff, county or city superintendent of schools, representa-

[1] *Accident Facts*, National Safety Council, 20 North Wacker Drive, Chicago, Illinois, 90 pp., 1946.

[2] *Here Is Your Indiana Government*, Indiana State Chamber of Commerce, Indianapolis, Indiana. 1945.

tives from school administrators, parents, teachers, medical and dental groups and social agencies. Each person and agency has certain responsibilities in developing the total program.

The functions of the various representatives in this group are to promote health examinations, immunization programs, other school health projects, and assist generally with the health program and nursing service.

For further suggestions to meet the needs of the individual situation, refer to Section III, "Program Planning", and in the same Section, the material on "Public Health Councils".

Medical Supervision

School nursing should be done under medical supervision. In some instances this may be limited, of necessity, to standing orders approved and signed by the local Medical Society, Health Officer, or his appointee. See Section III of this Manual for suggested standing orders. To prevent misunderstandings and avoid complications, copies of standing orders, after being approved, should be distributed to the local physicians. This is especially helpful when dealing with children to be excluded from school due to suspected communicable diseases. Where there is no designated school physician many school nurses find it helpful to use the Medical Advisory Committee, which may be appointed by the county or city Medical Society. This committee, with the school nurse, studies and helps develop the health program for the school system and advises concerning the details of the nurse's work. In addition to the nurse on this committee, a few selected teachers participate.

Many of the functions of the nurse are closely related to those of the physician, with the result that the nurse is sometimes expected to perform duties for which neither she nor the school should take responsibility. Likewise, the school should not take over responsibilities which belong to parents. Care of infections, illness and injury is limited to emergency treatment. In the past several years a greater appreciation has been shown of the place of the family physician in the supervision of school children.

Factors Influencing the Nurse's Work in Schools

Although general purposes of nurses in different school situations are often the same, the functions and emphasis are affected by a variety of conditions, such as the leadership offered by the school administrator, the academic preparation of the nurse, the preparation and willingness of the teaching staff. The health needs of pupils, the kind and quality of community resources, the size, location and type of school are all taken into consideration in determining functions and emphasis of the nurse. In the one-room school, most health functions are carried on by the teacher, the nurse and the parent groups. In some other schools many different types of workers, such as medical, social and psychiatric, contribute to health work.

Functions of the Nurse

The nurse's functions, when she is carrying a generalized program, tend to be planning and consultatory; with emphasis placed upon activities carried on by the school administrator and teachers. The nurse establishes good relationships with the principals, teachers and all school personnel with whom she works. Bus drivers and janitors are part of the school personnel and have an important role in the school health service. The county or city departments of health, social workers, county agents, all physicians and dentists, other professional workers, lay committees, P.T.A. Associations, 4-H clubs and other community organizations are also important co-workers.

Coordination of Activities

Co-workers contribute to the health service in many ways. For example, many Kiwanis and Rotary organizations pay for dental and eye care in local communities. To the nurse, the teachers are the most valuable co-workers, for they mutually share responsibility and render assistance to each other in the school work.

If the teacher's natural interest in the health of individual children is to be maintained, then some means must be worked out to acquaint her with the findings of the physical examinations or inspections, with suggestions as to how she may help in aiding the health protection of individual chil-

dren. One method of providing this exchange of information between the teacher and nurse or physician, is through the use of the "Teacher's Record of Pupils Physical Condition".[3] It is recommended that, in so far as possible, at least once during the school year all children should receive professional teacher-nurse consideration of any individual health problem. The practice of teachers referring children to the nurse at any time when symptoms or signs of ill health occur, tends to bring the child to medical attention at an opportune time. The development of a referral system is believed superior to the practice of the annual mass inspections or medical examinations, both from the standpoint of the child's well being and the effective use of the physician's and nurse's time.

Cooperative Planning for Health Education

In the teacher's program of health education in the schools there are distinct advantages in bringing in the health department and other public and private agencies to direct the attention of the school authorities to the health problems of greatest significance in the local community, and to offer their aid to supplement the work of the teacher in developing a functional health program. Such a program is designed to make students aware of what the problems are and gives them knowledge of how to handle the problems with the facilities at hand. Both public and private agencies should be used by the school to give children first hand experiences in the community through carefully worked out projects in which a maximum of student participation is obtained. For instance, they may participate in group projects for eliminating accidents; or in a program of safety and accident prevention. The nurse, by virtue of her relationship with all these agencies, and with the schools, is in a position to bring all the people concerned together and to help locate situations where such experiences are possible. This pooling of experiences and exchange of ideas among those conducting health education programs, both for school children and for adults lay the ground work for a better over all community health education program.

[3] "Teachers' Record of Pupils' Physical Condition," *Explanation of Indiana State Board of Health Record Forms for Public Health Nursing Service*, Indiana State Board of Health, 1098 West Michigan Street, Indianapolis, Indiana. 1945.

Family Service

Probably the greatest contribution which the nurse makes to the school program is through her work with families. Whether she is in a specialized or generalized service, she has the opportunity to give guidance in matters pertaining to the growth and development of the well child from birth through the growth cycle, including guidance in nutrition, habit training and attitudes. In communicable disease home visits, she has the opportunity to teach proper care of the ill child and protection of the other members of the family. If the school nurse is not able to make all the visits necessary, she should work with other nursing services of the community who will help her in this phase of work.

General Activities

No one nurse could be expected to perform all the activities herewith enumerated. An attempt is made to suggest possible contributions which can be made by a well qualified public health nurse, if conditions call for these activities.

1. Helps the school and parent organizations to participate in the community's preschool program of child health supervision, making it a part of the total community program throughout the year
2. Visits homes to help parents with their problems of child health supervision, and medical and nursing care; interprets to teachers social data secured through home calls or conferences with other health or social workers in order to help them have a better understanding of the whole child
3. Interprets to parents school health plans and policies, giving reasons for such policies in terms of health promotion and protection
4. Participates in planning parent educational programs and addresses parent-teacher meetings
5. Helps plan and participates in teachers' meetings. The nurse usually presents programs and has exhibits at teachers' conferences before the opening of the school year. In these meetings she may demonstrate such procedures as inspec-

tions, weighing and measuring, vision testing, dental surveys,[4] etc.

6. Assists in planning dental educational programs

7. Contributes to the selection and evaluation[5] of health materials for use of teachers and pupils

8. Helps in vocational guidance programs, see Section V of this Manual

9. Refers families to mental hygiene clinics, prepares data for such clinics, and interprets results to the school personnel

10. Lends help to the school in maintaining a healthful school environment by keeping the administrator in touch with authoritative standards of healthful environment, especially touching such factors as safety, cleanliness, adequate lighting, ventilation, safe water supply, adjustment of seats and desks, hand washing and toilet facilities.

    She also helps apply to their home life the principles learned at school by conferring with parents and children about these conditions.

11. Assists in nutrition program by:
    a. Participating in establishing and maintaining a school lunch program which provides one-third of the day's food requirements that are needed for growth and development
    b. Encouraging and assisting the teacher in making a dietary survey in each local situation in order to determine the need or the effectiveness of a school lunch program
    c. Assisting in improving packed lunches by survey and preservation of standards of "Grade A" lunch[6]
    d. Encouraging, where needed, the serving of whole milk either in midmorning or as supplement to the packed lunch
    e. Encouraging correlation of nutrition teaching with the regular school projects.

12. Contributes to the community's plan for prevention and control of communicable diseases by interpreting that plan to the school personnel and by helping the school pupils and parents to assume their share of responsibility for furthering the plan. Specific methods for doing this are:
    a. Interpreting the Local and State Board of Health Regulations governing the control of communicable disease.[7] Communicable Disease Charts are available from the State Board of Health. A copy of this chart should be framed and hung in a conspicuous place in each school building and health office
    b. Keeping school personnel and parents in touch with practices advocated by local and state authorities concerning those diseases for which preventive treatment is available, stressing early treatment as needed
    c. Acquainting parents and teachers with the best available methods and sources of information concerning the avoidance of those diseases for which there is yet no specific preventive treatment
    d. Assisting in establishing desirable practices by parents, teachers and pupils for detecting signs of health disturbance, for immediate isolation of those showing such signs, for securing medical and nursing care as indicated and obtaining certification by a physician before returning the child to school.

13. Helps in first aid measures as follows:
    a. Assists physician and administrator to set up written procedures cover-

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[4] *Aids to the Teacher and Pupil in Health Promotion*, Indiana State Board of Health, 1098 West Michigan Street, Indianapolis, Indiana.

[5] Exton, Bess, "Evaluating Health Education Materials," *Public Health Nursing*, National Organization for Public Health Nursing, 1790 Broadway, New York, September, 1940, pp. 520-25.

[6] *Manual for School and Institutional Lunchrooms*, Ohio Dietetic Association, Room 1016, 1001 Huron Road, Cleveland 15, Ohio. Revised Edition, 1946, 10pp., $1.85.

[7] *Indiana Rules and Regulations Governing Quarantine and Isolation in Communicable Disease*, Indiana State Board of Health, 1098 West Michigan Street, Indianapolis, Indiana. 1946.

ing such points as: understanding of what consitutes first aid in illness or injury; what constitutes adequate equipment and where it may be secured

b. Helps parents to understand the importance of giving the school information about how they may be reached in case of injury, and of having the name of the family physician recorded on the school health record to be used when the need arises

c. Impresses parents with importance of applying simple wound dressings before sending children to school

d. Assists school administrator to investigate and record all major and minor school accidents and to study ways of avoiding their recurrence

e. Coordinates the school activities with the larger program of safety and first aid in the community by keeping the school informed of safety measures being sponsored by community groups.

14. Assists the principal or guidance worker in studying the causes of absenteeism.

Vision Testing

Special Activities

Vision testing in the schools as well as other health examination procedures, should be made an educational experience for the pupil.[8] In so far as possible the teachers, rather than the nurse, should do vision screening, because:

1. Vision screening does not require professional training
2. It can be done earlier in the school year by the teacher, thereby giving the child the advantage of early correction
3. The child has the advantage of correct seating in relation to his defect earlier in the school year
4. The teacher is aware of other symptoms which might indicate deviation from normal
5. The vision screening can be made a part of a teaching unit
6. The nurse's time can be utilized for follow-up.

Hearing Testing

For information on Regulations and Suggestions for Compliance with Provision of Act of 1941, refer to Appendix. Copies of these regulations were mailed to all school administrators after the Act was passed.

A program of testing should be established in each school unit, keeping in mind satisfactory results and strict economy. For example, an entire county may be able to use one group testing audiometer; or the services of a speech and hearing clinic from a college or university might be secured if they are doing testing work.

Testing done by commercial companies will *not* be satisfactory. Various school units of a county may wish to unite to give a testing program and purchase an audiometer. They may also secure the services of one individual in the county, or the services of some person from an adjoining county.

Qualifications for Personnel Doing Hearing Testing

Individuals not already trained but desiring to be eligible will be required to undergo a full training program as rapidly as possible. In all cases where there is a question as to eligibility, the opinion of the State Superintendent of Public Instruction shall be final.

Remedial Facilities

Only those mechanical hearing aids and audiometers bearing the unqualified approval of the Council on Physical Therapy of the American Medical Association should be provided for the hard of hearing.

Each case of deafness discovered should be referred first to his family physician who in turn may refer the case to a competent otologist or a hearing clinic.

The examining technician at the school should confine his attention and activity

[8] For specific references see: *Manual of Public Health Nursing*, National Organization for Public Health Nursing, 1790 Broadway, New York, N. Y. *Aids to Teacher and Pupil in Health Promotion*, Indiana State Board of Health, 1098 West Michigan Street, Indianapolis, Indiana.

entirely to the determination of the subject's ability to hear or not to hear. The matter of differential diagnosis between various types of deafness, recommendations as to the kind of treatment indicated, and the selection of the proper hearing aid should be left entirely to the consulting otologist or physician.

Hearing Conservation

Education in the prevention of hearing defects, such as the dangers of forceful blowing of nose, use of nose drops and sprays, other than those ordered by a doctor, etc., is one of the important roles of the public health nurse, and this can be done most effectively in her regular family health supervisory visits.

Responsibilities of the Public Nurse in the Hearing Testing Program

The chief responsibility of the public health nurse in the hearing testing program is to follow-up the children found by the audiometer test to have hearing loss; to help out a way by which children can secure a medical examination and further medical supervision, if necessary.

Children recommended by the physician for lip reading classes should be referred to the principal or superintendent of schools.

The public health nurse should be constantly on the alert for favorable and unfavorable conditions in the classroom for the hard of hearing child, and be able to advise the teacher accordingly.

Attention is called to the fact that the responsibility for the administration of the Hearing Testing Act rests with the board of school trustees or the board of school commissioners of any city or town and the trustees of any township.

Record Forms

Record forms are available for smaller towns and rural schools upon request from branch offices of the State Board of Health. Any of these forms may be copied by larger schools who wish to print their own.[9]

[9] *Explanation of Indiana State Board of Health Nursing Record Forms for Public Health Nursing Services*, Indiana State Board of Health, 1098 W. Michigan Street, Indianapolis, Indiana.

Organization and Selection of Work

No one plan of work will meet the needs of every nurse but the following suggestions may prove helpful for the nurse working in a generalized service and visiting the schools.

Some nurses have found their work facilitated by making a file card for each school listing the individual problems and general subjects to be discussed, then checking when work has been completed.

A system for receiving messages from teachers and sending messages to teachers should be in effect. Ineffectual classroom calls by the nurse should be reduced to a minimum. A mailbox for the nurse, located in the principal's office, has been very effective.

The nurse's visits to schools should be planned for the year. If the enrollment justifies the time, it is best to spend not less than one-half day in each school. It is usually more advantageous to make fewer and longer visits. Little educational work can be carried on with teacher or principal in a short call. The teacher needs to plan ahead for the first visit of the nurse in order that she may have at hand a list of special problems which she has encountered. In those schools where it is possible to make the visit of the physician coincide with that of the nurse, parents may be invited to the school on the same day for individual conferences. Such conferences may be scheduled at intervals so that no person waits too long.

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ADULT HEALTH

Statement of Situation

Life expectancy has been increasing steadily during the past fifty years and more persons are reaching middle and old age. At present the life expectation of a child, who has successfully avoided the hazards of the first year of life, is more than sixty years. The extension of life is a constant goal, however, with it comes an increase in specific diseases in the advanced years as cardiovascular renal, cancer and diabetes.

The State of Indiana has taken advanced steps in the recognition of the need and importance of adult hygiene by creating under legislation enactment (1945) a Division of Adult Hygiene and Geriatrics (Gerus—old; artic—healing).

Diseases and Hazards of Group Relative Ages	
Young Adult 17-35	(Tuberculosis; diseases of (pregnancy, childbirth and (puerperium; motor vehicle (accidents; diseases of the (heart and pneumonia.
Middle Age 35-60	(Diseases of the heart, can-(cer or other malignant tu-(mors, tuberculosis, apo-(plexy, and pneumonia.
Advanced Years— over 60	(Diseases of the heart, can-(cer and other malignant (tumors, apoplexy, neph-(ritis, diabetes.

Areas of Adult Health Supervision

A. Industries: A large percentage of industrial workers are employed in small plants which do not have medical departments. These employees have little or no health service except as it may be secured in the community. A good working relationship between the community health personnel and the industrial health and administrative per-

sonnel is necessary in order that health supervision may be available to industrial workers.

B. Groups of Adults: Health supervision can be given to adult groups just as it can be given to groups of school children. Communities may have the following organized groups for which adult health supervision may be planned: industrial employees, service groups such as Rotary, Parent Teacher Association, Women's Club organizations, Farm Bureau, Sororities, etc. (Detailed information on group work—refer to Section III in this Manual, "Group Work.")

C. Adult in the Family: Individual contact, usually through home visits, provides an excellent opportunity for adult health supervision. The young adults, parents and grandparents need to be considered in adult health supervision for families. Each individual has specific health problems which contribute to the total health of the family.

Public Health Nurse's Responsibilities in Adult Health Supervision

The requisites of good personal hygiene for adults are the same as for the other age groups. The public health nurse has the responsibility of guiding adults in practicing good personal hygiene:

A. All health guidance should be based on a thorough medical inventory. When people learn its importance and know what constitutes a good physical examination, they will demand and secure it.

B. The public health nurse should have a knowledge of early symptoms of such diseases as cancer, heart conditions, diabetes, etc., and include early recognition of them in her family health service.

C. *Diet of Normal Adult:* The nurse should teach the home maker what constitutes a simple, well-balanced menu by giving her information as to the foods to be included on the daily menu.[1]

Diet of Adults Advanced in Years: The diet of those advanced in years should be a modified version of that recommended for the adult in the prime of life. Some of the principles to be considered in planning diets for this group follows:

1. The basal metabolic rate decreases with age; therefore, a smaller quantity of food, especially that of high caloric value, is needed by the body
2. In the aged, an excessive intake of both fats and carbohydrates should be avoided
3. It is important that an adequate intake of vitamins and minerals be supplied
4. Absorption is frequently impaired; therefore, supplementation with vitamin, mineral or protein preparation may be necessary
5. There is degenerative change in the taste buds of the aged. Therefore, foods need to be highly seasoned (sour, salty or sweet) in order not to seem insipid. Excessive amount of salt is detrimental if the heart and kidneys are affected
6. Teech and gums are often poor, sore, or teeth missing; hence, requiring that softer, easier to chew foods be given
7. Regular and properly spaced meals are essential. Four or five small meals may be more desirable than three heavy meals due to reduced muscular tonus of mouth, stomach and intestines and a decrease in gastric secretions.

D. The problem of rest involves more than eight hours' sleep a day. The ability to relax must be acquired and practiced. Carefully planned lunch periods which allow at least a few minutes of relaxation are desirable. Correct posture, while at work, sitting and sleeping are of extreme importance in avoiding fatigue and in allowing for the best functioning of all organs of the body.

E. Physical exercise prevents atrophy of inactivity and preserves the musculature. Exercise should be regular and the in-

[1] Rose, Mary Swartz, *Feeding The Family*, 4th Edition, the Macmillan Co., New York, 1940, p. 260.

tensity may be governed by the individual's reaction to it.

F. Diversions, hobbies and interests for the adult which focus attention on aspects other than themselves are preferable.

G. Good mental hygiene is essential. The nurse can do a great deal to promote interest in the more obvious aspects of building better mental health, such as promoting:

1. Parent education in child development
2. Nursery schools for children from two to five years of age
3. Mental Hygiene programs in the elementary schools, high schools and colleges
4. Morale programs in industry and among local groups in rural areas
5. Public Health education in regard to mental hygiene principles for self application.

The nurse must remember that probably one-third of all human illnesses are complex problems. If she recognizes this she can help burdened and conflicted patients by giving support and encouragement so that they will be able to express some of their anxieties, and perhaps then deal with them and obtain relief.

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MORBIDITY

Definition and General Statement

Morbidity Service is that service given to an ill patient. Nursing care for all ill patients is becoming more and more recognized as a necessary part of every public health nursing service. Nursing care, as a part of the family service, offers the nurse many opportunities for teaching at a time when the patient and family are most receptive. Nursing is the chief skill a public health nurse has which is not possessed by other family workers. It is obvious that one nurse in a county cannot carry on an extensive nursing program, however, rural nurses are encouraged to give nursing care as demonstration and to continue care when needed.

Public Health Nurse's Responsibilities

The responsibilities of a public health nurse in a morbidity service are:

1. To assist in securing medical care
2. To give or arrange for nursing care which will assist in:
   a. Prevention of complications[1] and the spread of infection

[1] See Manual, Section IV, "Orthopedics."

b. Provision for good nutrition. The variety and type of food offered the patient will be governed by the physician's orders which will depend upon the type of disease

c. Promotion of good mental hygiene.

Case Selection

It is a recommended policy that public health nurses continue nursing care only when the physician who desires this service is in attendance. Visits may be made to help the family plan for securing medical care. Other factors influencing selection of cases are:

1. The need of the patient for nursing care
2. The recommendation of the physician for skilled nursing care
3. The number of hours of skilled nursing care needed. (If a patient needs consecutive hours of nursing care a full-time nurse should be obtained.)
4. The adequacy of home care
5. The availability of hospital care.

Nurses who promote group instruction in the care of the sick help meet the need for home care of ill patients. Such instruction is included in the Red Cross Home Nursing Classes which may be taught by graduate nurses in the community.

Procedures for nursing care are given in the *Manual for Public Health Nurses,* National Organization for Public Health Nursing, The Macmillan Company, New York. 1939. pp. 105-24.

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ORTHOPEDICS

Definition and General Statement

Orthopedic nursing may be defined as that branch of nursing related to the prevention of disability, the correction of deformity, and the preservation and restoration of normal body functions.

A medical authority states, "the causes of crippling are of hereditary, congenital, obstetrical, traumatic, infectious, paralytic, glandular, metabolic, neoplastic, circulatory, myogenic, neurogenic or psychogenic origin." With causes of crippling so wide spread orthopedic nursing inevitably becomes an integral part of all phases of nursing services.

General Responsibility in the Orthopedic Program

Preventing disability, finding the crippled child, and assisting in getting him under medical care is a community responsibility, shared by every member of society, but especially by health and welfare agencies. Health authorities are agreed that the degree of recovery is in direct proportion to how early appropriate medical treatment is started and how consistently recommendations are carried out.

Objectives of Orthopedic Nursing

The objectives of orthopedic nursing are:

1. The prevention of disability
2. Early recognition of existing disability
3. Assistance in obtaining and maintaining adequate medical and nursing care and supervision
4. Assistance in obtaining maximum improvement, social acceptance and economic self-reliance through the fullest utilization of all local and state resources.

Prevention of Disability

Public Health Nurse's Responsibilities

The public health nurse needs:

1. To assist the individual to attain normal growth and development
2. To teach elimination of environmental factors which produce orthopedic conditions through home or industrial accidents, infections, trauma, etc.
3. To teach the development and maintenance of good posture by:
   a. Maintaining good anatomical relationship of the body in any position during rest or activity
   b. Assisting in the prevention and correction of factors which tend to produce poor posture:
      (1) Promoting the use of beds and mattresses which give adequate support and prevent sagging of the body
      (2) Teaching parents and patients regarding potential dangers in the prolonged use of back rest
      (3) Teaching parents proper foot support for bed patients to prevent foot drop
      (4) Teaching proper placing of bed tables, book rests, radios and other equipment
      (5) Assisting in the correction of poor dietary habits, visual and hearing defects
      (6) Teaching parents to avoid urging infants to sit up or stand
      (7) Advising parents and patients regarding the importance of properly fitted shoes, stockings and underwear.
4. To teach the control of Communicable Disease.

(Refer to Section IV in this Manual, "Communicable Disease").

Early Recognition of Existing Disabilities.

The public health nurse needs:

1. To assist the family in understanding normal growth and development. (Refer to Section IV in this Manual on "Infant Health".)
2. To teach and to interpret to the patient and/or family the significance of such signs and symptoms as:
   a. Any abnormality in function, shape or size of any part of the body such as a gait, a limp or limitation of motion or function
   b. Any evidence of pain or discomfort which might indicate an orthopedic condition such as tubercular or syphilitic joint, osteomeylitis, dislocated hip, etc.

Assistance in Obtaining and Maintaining Medical Care and Supervision

The public health nurse needs:

1. To acquaint the family physician and/or family of resources available to meet the crippled child's needs
2. To assist the family in obtaining, as indicated, a medical interpretation of the diagnosis, prognosis and plan for treatment, through:
   a. Referral to the family physician
   b. Requesting the orthopedic nursing consultant to make arrangements for such an interpretation on the patient's next clinic visit
   c. Interpreting the importance of obtaining the approval of the family physician or the hospital clinician regarding the use of current medical literature.

Assistance in Maintaining Good Nursing Care and Supervision

To carry out her nursing responsibilities, a public health nurse needs an interest in and an understanding of the handicapped individual which will lead to a recognition of him as a potential community asset, and to a ready and effective participation on the part of the nurse in a corrective program towards his maximum rehabilitation. She has responsibility for seeing that:

1. The family and/or patient understands medical recommendations for home treatment, and *for giving or obtaining as*sistance in teaching the family to carry out such recommendations
2. The patient and/or family understand the purpose of orthopedic apparatus in relation to:
   a. Prevention of deformity and the maintenance of the position of correction
   b. Prevention of weight-bearing while allowing a means of locomotion
   c. The exertion of traction
   d. Immobilization of a part of the body to allow healing of diseased or injured tissue or bone
3. The patient and/or family are instructed regarding unfavorable signs and symptoms to be observed and reported to the family physician without delay such as:
   a. Evidence of circulatory disturbance, sensory loss or pressure areas
   b. Complaints of sensations of burning, numbness, pains, etc.
   c. Offensive odors under plaster
   d. Expressions of pain (particularly in young children).
4. Emergency measures for cast cases are followed:

   It is of the utmost importance that the public health nurse be familiar with and know how to carry out emergency measures for cast cases. *The following instructions to be used only when a physician is not available and as a temporary measure when there is evidence of interference with circulation as indicated by coldness, pallor, blueness of a part, edema, numbness, and/or pain.*

   a. *Procedure for Cutting of Casts:*
      (1) Draw a straight line down the part of the cast to be cut
      (2) Soften the cast along the line with hydrogen peroxide, vinegar, acetic acid, water, etc., using a small syringe or medicine dropper

(3) Use a pruning knife to cut the plaster

(4) Use bandage scissors to cut the underlying dressings

(5) *Always split the cast in a straight line, never cut holes to give relief*

(6) Tape or bandage cast loosely together while awaiting medical instructions.

5. The patient and/or family are instructed in relation to the purpose of, and the nursing care of the patient in orthopedic apparatus or appliances, such as:

a. *Beds for Protection*

(1) Firmness of mattresses—preferably boards lengthwise of bed, between springs and mattress

(2) Height for convenience in giving care

(3) Protection from weight of bed covers to prevent foot drop

b. *Braces and Casts*

(1) Meticulous inspection of the skin especially over bony prominences

(2) Cleansing well between fingers and toes of extremities held in plaster or appliances

(3) Placing of cotton or felt pressure rings, pads, etc., to relieve pressure areas

(4) Shampooing hair of patients in wedged jackets, body plaster or spine brace

(5) Turning patients on frames in plaster, braces, splints and traction apparatus

(6) Removing and reapplying apparatus

(7) Mending and reenforcing plaster by applying adhesive or plaster bandages

(The latter on prescription only)

(8) Binding edges of casts with waterproof material or adhesive tape

(9) Painting casts with shellac or white lacquer

(10) Binding or covering casts with old stockings or underwear

(11) Placing child on bed pan so that head and shoulders are elevated to prevent backward flow of urine

(12) Meticulous cleansing of skin after using bed pan

c. *Frames, Splints and Restraints*

(1) Position for maintenance of protection or for prevention of deformity

(2) Maintenance of position of protection when frames or splints are removed and proper application in reapplying

(3) Effectiveness of restraints in maintaining position

(4) Activity—only as prescribed

d. *Crutches*

(1) Length; usual measurements—axilla to floor plus two inches

(2) Firmness and tread of rubber tips

(3) Method of weight-bearing; weight on palms of hands and arm muscles to avoid dangers of crutch paralysis from pressure on the radial nerve

(4) Method of walking—maintaining good posture

e. *Shoes*

(1) Wear—even, or on outer or inner border

(2) Fit

(3) Raises—application as prescribed

(4) Repair as needed (Urge wearing of usual shoes when consulting orthopedic surgeon; corrective shoes used or changed *only* on prescription).

Getting the Crippled Child Under Medical Care

One of the major responsibilities of the public health nurse is seeing that every

crippled child is afforded an opportunity to attain maximum rehabilitation through the fullest use of resources.

In Indiana a crippled child is defined as a child under twenty-one (21) years of age who, from any cause, is deprived of the free and normal use of any of his limbs or who shall be deprived of strength or capability for service due to bone, tendon, joint or fascial deformity caused by accident, birth injury or other trauma; cicatricial scars which limit motion of extremities; or crippling physical defects, congenital or acquired, that may be benefited by surgical or other medical procedures.[1]

In addition to the crippling conditions implied in this definition, there shall be included all conditions needing reconstructive or plastic surgery, as well as congenital cataract.

The following list is illustrative, not all inclusive; similar conditions may be eligible.

1. *Conditions Present At Birth* (Congenital)[2]

a. Cleft Palate and Harelip	non-union of the lip and/or palate (roof of the mouth)
b. Club Hand	deformity of hand in which it is twisted out of shape or position
c. Congenital Anomalies	deformities associated with defective development; e.g. congenital amputations, congenital absence of a bone or part of a bone, etc.
d. Congenital Cataracts	disorder of lens of the eye which impairs vision
e. Dislocation of Hip	a displacement of the head of the thigh bone from the socket
f. External Deformities of Nose	
g. Flat Feet and Other Foot Deformities	weak arches, pronated feet, claw feet, hammer toe, etc.
h. Malformation or Absence of External Ear	
i. Meningocele	protrusion of the covering of the brain or spinal cord through a defect in the skull or spinal column
j. Polydactylism	extra fingers and/or toes
k. Spina Bifida	congenital non-union of vertebral column—there may or may not be a protrusion of the spinal cord and its membranes
l. Sprengel's Deformity	elevated shoulder blade
m. Syndactylism	webbed fingers and/or toes
n. Talipes (Club Foot) Common types: (1) Equinovalgus (2) Equinovarus (3) Calcaneovalgus (4) Calcaneovarus	deformity of foot in which it is twisted out of shape or position
o. Torticollis (Wry Neck)	a contracture of the cervical (neck) muscles, producing twisting of the neck and an unnatural position of the head (congenital or acquired).

2. *Conditions Resulting From Disease Or Injury To The Brain, Spinal Cord Or Nerves (Neuro-Muscular Diseases).*

a. Cerebral Palsy (Spastic)	a condition that may be present before birth or be acquired at or after

[1] See Appendix E, 6, for Law.
[2] See Appendix E, 6, for Law.

birth. The disorder upsets the centers which control coordinated functioning of the body, and may result in mental, speech, sensory or muscular disturbances.

b. Erb's Palsy (Obstetrical Paralysis) — weakness or contracture of the muscles of upper extremities resulting from a nerve injury at birth

c. Muscular Dystrophy — progressive weakening of muscles

d. Poliomyelitis (Infantile Paralysis) — acute inflammation of a which may cause paralysis and/or crippling conditions

e. Post-Encephalitic Paralysis — paralysis resulting from inflammation of the brain

f. Transverse Myelitis — acute inflammation of a section of the spinal cord

3. *Bone Disease And Conditions*

a. Arthritis (Still's Disease) — acute or chronic inflammation

b. Bone Tumors

c. Epiphysitis — inflammation of the growth center of any bone

d. Kyphosis — hunch back

e. Legg-Perthes — disease of hip joint due to vascular disturbance of growing bones

f. Lordosis — hollow or sway back

g. Osteogenesis imperfecta — "brittle bones" — fracture very easily

h. Osteomyelitis — inflammation of the bone, chronic or acute

i. Rickets may cause: Bow legs, knock knees, pigeon breast, and funnel chest — nutritional disease of infancy which impairs the strength and growth of the bones and joints

j. Scoliosis — lateral curvature of spine

k. Tuberculosis of bones and joints

4. *Injuries.*

a. Amputations — Children in need of artificial arms and legs (prosthetic appliances) are eligible for services under this program.

b. Dislocations

c. Fractures

d. Volkman's Contracture — deformity involving wrist and hand

e. Other Contractures due to injury

5. *Plastic Surgery.*

a. Burns and Burn Scar Deformities

b. Hemangioma and Other Skin Tumors

c. Tumors and Cysts of Face and Neck.

Case Finding

Sources for case finding are:

1. Referrals from the family physician
2. Congenital birth reports
3. Maternal and Child Health Services
4. Well baby clinics and conferences
5. Preschool health services
6. School health services and school census
7. Epidemiological reports

8. Reports of accidents and fires

9. Special surveys.

Facilities for care:[3]

Facilities for Care

1. The Division of Services for Crippled Children, State Department of Public Welfare, through the County Departments of Public Welfare.

2. Indiana Society for Crippled Children and Adults.

3. The National Foundation for Infantile Paralysis, Inc.

4. State Department of Vocational Rehabilitation.

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SOURCES OF MATERIAL

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National Foundation for Infantile Paralysis, Inc., Local Chapter, Board of Trade Building, Indianapolis, Indiana.

State Department of Public Welfare, Division of Services for Crippled Children, 141 South Meridian, Indianapolis, Indiana.

The National Organization for Public Health Nursing, and The National League of Nursing Education, 1790 Broadway, New York 19, New York. 1940.

SECTION V

THE NURSE'S CONTRIBUTION IN VOCATIONAL GUIDANCE

THE NURSE'S CONTRIBUTION IN VOCATIONAL GUIDANCE

Area of Guidance

The public health nurse can contribute to the vocational guidance program by supplying information and counseling service in relation to nursing as a career. This service may be given to an individual, a school group, or an adult lay group upon their request or with the permission of those in charge. Suggestions are given for stimulating interest in nursing and for giving actual information to those already interested in becoming nurses.

The public health nurse may need to stimulate interest in her community in recruitment for nursing. The services of the nurse, her appearance, and the tactful use of opportunities in the home, clubs, schools, etc. will further interest in the nursing profession.

Plan for Giving Guidance

The nurse's activity should supplement that of the school or any other organization. She should see that her work is coordinated with all vocational activities, and she should work in close cooperation with the personnel of school and vocational groups. She should carefully analyze the facilities and opportunities presented by the local situation and the individual's backgrounds and experience. Her plans should be based upon facts revealed by such analysis and should be in accord with accepted principles of vocational guidance as they apply to the local situation. The smaller schools without systematic study of occupational opportunities will obviously need more help than those having organized vocational programs.

In giving guidance to individuals, the aim of the nurse should be to supply information so that each girl may reach decisions which will result in the most efficient use of her abilities. The nurse is interested not only in helping the individual *choose* a career, but in helping her plan a career. In doing this, every phase of the individual must be considered, for instance, her standing in school studies, her intellectual capacity, home background, physical condition and emotional adjustment. The nurse should help the girl to obtain observation, information and counsel which will best aid her in choosing and preparing for entrance in an accredited and suitable school of nursing.

Specific Information on Nursing

The following outline is a guide to the facts the nurse should know when giving counseling and guidance:

1. General nature of the nursing profession
2. Opportunities in nursing
3. Working conditions
   a. Salary ranges
   b. Opportunities for advancement
   c. Provision for illness and old age
   d. Length of professional career
   e. Living conditions
4. Specific requirements for schools of nursing in area:
   a. Age
   b. Health
   c. Legal registration
   d. Education necessary
5. Schools of Nursing:
   a. Types of schools in area[1]
   b. Choice of schools
   c. Programs of schools
   d. Life in nursing school
6. Cost of preparation and financial aid
7. Placement opportunities.

Suggested Methods of Guidance

Because parental and community attitudes influence young people so much in choosing a career, it is important that these groups as well as prospective candidates be given an understanding of nursing education and of nursing as a career.

[1] Accredited Schools of Nursing in Indiana are listed in Section VI.

The following is an outline of suggested methods of giving guidance to those interested in nursing:

1. Methods of Disseminating Information to Community

a. *Radio—Newspaper—Window Displays*

Consideration as to time and appropriateness of content should be given in all types of releases.

b. *Literature*

Much background information can be supplied to individuals through printed material. Time may be saved by showing the individual where to get basic information from pamphlets and books. Brief, concise, illustrative material is more effective. Refer to Section III, "Group Work", Article III—"Criteria for Evaluating Teacher Materials").

Material may be secured by writing to the sources listed at the end of this section.

2. Methods of Presenting Material To a Group

Printed materials are an important first step, and should be made available but perhaps the most effective method of approach can be achieved by presenting information. Various methods of presenting information to groups are available.

a. *Discussion Group:* The informal discussion is one of the best methods. By listening to discussions and questions of the group, it is possible to discover where the individuals are in their thinking on the subject and to give information accordingly. In answering their questions and supplementing as necessary, one is able to give all the important facts in an informal and interesting way.

b. *Round Table:* A method similar to the informal discussion group but with a limited number of participants.

c. *Panel Discussion:* In a community where interest in the nursing profession is lacking, a panel might be planned. This method is good where there is a fairly large audience such as a Parent-Teacher group and where you wish to bring out various points of view. A teacher, a parent, a student or an individual wishing to choose nursing as a career; and a nurse or nurses in various fields of nursing, may be represented on the panel.

d. *Question Box:* Unsigned questions may be placed in the question box for discussion or answering by the leader of the group.

e. *Trialogue or Dialogue:* Plan to have one of two individuals take the role of a prospective student nurse and the nurse take the role of the counselor, thus

giving information as it might be given in an interview. This should be followed by questions from the floor, or a panel discussion.

f. *Lecture:* In some instances, the straight lecture method may be the practical approach.

g. *Field Trips and Demonstrations:* The nurse counselor should whenever possible, plan for opportunities for groups to visit various schools of nursing. The trip should be preceded by explanations of important features of good schools so that the individuals may make useful observations. The trip might be arranged with nursing schools so that it would include an informal social function, where student nurses as as hostesses. This would provide an opportunity for friendly discussion with student nurses and help introduce the guests to the life of the school and answer their questions.

h. *Visual Aids:*

(1) Moving Pictures: Moving Pictures are especially helpful when there is an opportunity for follow up from a counselor.

3. Methods of Individual Guidance

The group guidance should be followed with individual giudance for those who want further help.

a. *Counseling:* In all counseling, great care should be taken to see that the individual makes her own choices. For counseling, a proper place such as a private office should be made available. The nurse's own headquarters might be used. Catalogues of schools of nursing and other suitable literature should be prepared to give sources of financial help and specific information as to how to apply for such assistance. Most inquiries will be found to be regarding financial arrangements, specific dates for filing applications and the possibility of entering at certain times. Ideally the nurse should have an opportunity to review the individual's cumulative record before the conference and then record her recommendations. The more intricate techniques of counseling are not discussed here. The nurse who wishes to improve her techniques in this respect is referred to the bibliography for material on this subject.

Recruitment of Public Health Nurses

We should have one out of ten graduates from schools of nursing selected for public health nursing to at least maintain our status quo.[2] (Refer to Appendix A for list of universities with accredited schools in Public Health Nursing).

[2] Standard was set by N.O.P.H.N.

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*Triggs, Frances, *Personnel Work in Schools of Nursing,* W. B. Saunders Company, Philadelphia, and London. 1945.

Williamson, E. G., *How to Counsel Students,* McGraw-Hill Book Company, Incorporated, New York and London. 1939.

Bingham, Walter VanDyke and Moore, Bruce Victor, *How to Interview,* Harper and Brothers Publishers, New York and London. 1941.

Klein, Paul E. and Moffitt, Ruth E., *Counseling Techniques in Adult Education,* McGraw-Hill Book Company, Incorporated, New York and London. 1946.

* Starred items are suitable for school libraries.

Sources for Obtaining Information

American Nurses' Association, 1790 Broadway, New York 19.

National League of Nursing Education, 1790 Broadway, New York 19.

National Nursing Council, 1790 Broadway, New York 19.

National Organization for Public Health Nursing, 1790 Broadway, New York 19.

Indiana State Nurses' Association, 1125 Circle Tower Building, Indianapolis 4.

SECTION VI

RESOURCES AND FACILITIES IN INDIANA
INTER-AGENCY ACTIVITIES AND COMMUNITY
AGENCY DIRECTORY

RESOURCES AND FACILITIES IN INDIANA

CONSULTANT SERVICE

I. Nursing Consultants.

Nursing Consultants

The consultant staff of the Division of Public Health Nursing, Indiana State Board of Health consists of:

A. Generalized Consultants in the Branch Office. These nurses have advanced training and experience in the public health nursing field and in supervision. They are available to all counties in the State.

B. Specialized Consultants in the Central Office. These nurses have advanced training and experience in the public health nursing field and in supervision and additional training in their specialities. In addition to the consultants in the Nursing Division, the hospital consultant nurses work in the Division of Institutional and Hospital Services. The orthopedic consultant nurses function in the Department of Public Welfare.

C. Services of the generalized consultant nurses:

1. Assists in personnel selection and and recruitment
2. Gives advisory service on public health nursing to local public and private agencies and nurses
3. Assists in correlating the services of the State Health Department Public Health Nursing Service with that of other health, educational and social agencies
4. Acts in an advisory capacity to local health department staff in coordinating public health nursing services with services of other agencies
5. Helps the local nurse to integrate the special services of the State Agency in the local health program
6. Takes an active part in preparing the community for the entrance of the public health nurse, explains the whys and wherefores of the Employment Act,[1] nurse qualifications, functions, how she works with the doctors, how she meets the school needs, as well as maternity, communicable disease, preschool and chronic illnesses. Prepares the way for enlisting interest in the formation of a Medical Advisory Committee and like councils, so necessary for good functioning of the nursing service
7. Assists the local public health nurse as the need indicates in planning her program, including apportioning time, selecting cases, analyzing case loads, developing skill in family approach, interviewing, history taking recording, nursing techniques, and and the many other phases of her nursing program
8. Gives assistance in the evaluation of public health nursing programs and aids in deciding the course to pursue as indicated by the anaylsis. Also assists in interpreting records, studying material and vital statistics
9. Assists in planning in-service educational programs for the professional advancement of the personnel
10. Assists the public health nurse in developing health education activities in the community.

[1] Appendix E, 5.

D. Services of the Specialized Consultant Nurses, State Board of Health:

Specialized Consultant Nurses

1. Works through the generalized consultants whenever possible, supplying up to date materials and information in the specialty and assisting with problems relating to her field
2. Assists the Director of the Division of the specialty
3. Advises and assists in the establishment of special services
4. Assists in planning in-service educational programs
5. Gives personal advisory service to local nurses on problems pertaining to the specialty.

E. Services of the Orthopedic Nursing Consultants:

Orthopedic Consultant Nurses

Since the crippled child, in addition to the care needed by any convalescent child, requires a specialized type of care, the State Department of Public Welfare maintains a consultant staff to assist local doctors, nurses and County Departments of Public Welfare in meeting these special needs. The services of the specialized orthopedic consultant nurses and physical therapists include:

1. Conferences and case discussions
2. Interpretation of orthopedic conditions and medical recommendations
3. Interpretation of orthopedic terminology
4. Review of cases selected for home visits
5. Home visits with the nurse to:
   (a) Demonstrate orthopedic nursing procedures and techniques as requested or indicated
   (b) Check on orthopedic apparatus for:
      (1) Efficiency and comfort
      (2) The need to make temporary adjustments
      (3) Evaluating the home situation in relation to carrying out medical, social and educational needs of the child and to the adjustment of the patient and his family to his disability
6. Assists with staff education
7. Assists physicians in making muscle tests and analysis. Sets up home treatment programs (physical therapist aspects) with local nurses and agencies.

II. Medical Consultants.

Medical Consultants

The State Board of Health has on its staff physicians in the following specialties:

A. Pediatric

B. Obstetric

C. Tuberculosis

D. Venereal Disease

C. Veneral Disease

E. Industrial Hygiene

F. Communicable Disease

G. Adult Hygiene and Geriatrics.

These Consultants are available to local physicians for diagnostic consultant service and to local nurses on special problems.

In addition to these medical consultants the State Department of Public Welfare has orthopedic and pediatric medical diagnostic service, available to local physicians in cases of suspected poliomyelitis.

III. Health Education Consultants.

A. Health Educators

Health Education Consultants

1. Assists in planning and organizing a program of health education. This includes at the outset: (1) a study or survey of the needs, (2) the determination of health problems which may be solved at least in part by the educational process and (3) an appraisal of resources

2. Assists in community organization

3. Assists in training programs for volunteer workers and other groups

4. Gives consultation and guidance to various individuals and groups such as Parent-Teachers Associations, service clubs and others in developing and improving their health education activities

5. Assists in the school health program through aid in planning school health programs and curricula of health instruction through conferences with teachers, supervisors and school administrators

6. Operates an informational service to provide answers to inquiries and supply source of material and references in answer to requests

7. Is responsible for the preparation, assembly and distribution of health education materials, using the services of special technicians and health experts as necessary. Such materials include: printed materials, visual aids, such as motion pictures, photographs, graphic materials, exhibits and posters, news releases

8. Assists in conducting a Speakers' Bureau, conferences, meetings and radio programs.

B. Public Health Statistician

Statistician

Gives consultant service on problems dealing with public health statistics including the establshment of record and report systems.

C. Nutritionist

Nutritionist

The services of the nutritionist are available to the nurses throughout the State. As with other consultants, the nutritionist will serve the nurse through the branch office personnel. She will assist the nurse by:

1. Evaluating any nutritional material the nurse may have and providing her with new literature and bibliography

2. Group or staff conferences

3. Consultation regarding local nutritional needs and assistance in establishing community programs to meet these needs.

IV. Consultants from Other State Agencies.

Tuberculosis Association Consultant

A. Indiana State Tuberculosis Association Health Educator

The service in health education offered by the Indiana Tuberculosis Association is in substantial agreement with that sponsored by the Division of Health and Physical Education of the State Board of Health. Both groups are working toward the attainment of essentially the same objectives and the closer the cooperation the greater the progress which will be made. The services of the Health Education Consultant from this organization are available upon request. These services include:

1. Consultation service in school health education is available to all counties in the State. Talks are given to teachers' institutes, teachers' meeting and other interested groups. Conferences are held with superintendents, principals and individual teachers

2. Bulletin service to elementary schools and high schools

   These bulletins contain suggestions and material which should be helpful to teachers in their approach to major health problems needing solution.

3. Health Education materials of various kinds are made available for presentation to teachers with suggestion for their use. While tuberculosis is emphasized, materials pertaining to other outstanding health problems in the high school group

such as vision, dental health, mental health, nutrition and the like are selected.

4. Continued efforts are made to increase the progress already made in tuberculosis control programs on the college level. Services to college include; case finding through the use of the mobile unit, classroom and assembly talks, distribution of materials, the showing of motion picture films and general consultation service

5. Poster and Essay Contests

   Two contests are held annually; both have been approved by the Indiana Principal's Association as educationally sound. The poster contest is available to all senior high school students and represents examples of visual education material in tuberculosis. The essay contest is for Negro high school students and in addition to receiving a cash award, the three prize winners' essays are entered in the National Tuberculosis Association Contest

6. Encourages high school and grade students and teachers to include pertinent material on tuberculosis in issues of the school newspapers

7. Maintenance of a Lending Library

   Books may be borrowed and retained for a period of 30 days without charge. A list of all books in the library is available in mimeographed form

8. The mass x-ray program is available for use in the schools, as well as in industries

9. *The Hoosier Health Herald*, a publication of the Indiana Tuberculosis Association, is available through the local associations

10. Prepares material on tuberculosis for the December and April issues of the Parent-Teacher Association bulletin of the Indiana Congress of Parents and Teachers

11. Cooperates with the Indiana Student Health Association
    Direct aid is given and material healing with the promotion of student health is offered to the association for circulation among its members

12. Cooperates with the Indiana Association for Health, Physicial Education and Recreation. Editorial service is rendered for the news letter; the publication sent to all members of the association.

Requests for Consultant Service

Consultant service is preferably given upon request of local nurses. Such requests (for generalized or specialized service) are made to the Consultant Nurses in the Branch Office. Consultant Nurses and staff Nurses plan together for such service. The nurse can use consultant service most efficiently and economically by:

A. Making her plan for periodic and regular visits from the consultant nurses

B. Taking time to think through her work in advance of the consultant's visit. Asking herself, "What phase of my work is progressing, what phase is retarding, where am I meeting resistance, what developments or what difficulties have been encountered since last conference?

   Where do I need help or what successes in various programs do I want to discuss: Maternal and Child Health, Preschool, School, Communicable Diseases, Coordination of related services, Development of Community Interests, Group Teaching Resources? What do I want to discuss about records, publicity, reports, professional literature, teaching aids"

C. Writing out questions as they occur and saving them for discussion at time of Consultant's visit.

INTER-AGENCY ACTIVITIES AND COMMUNITY AGENCY DIRECTORY

Inter-Agency Activities

Public health nurses, hospitals, social and welfare workers often are concerned with the same families. In the interest of efficiency and economical utilization of services to the community, it is important for all local health, social and welfare agencies to recognize the joint and separate responsibilities of the workers in each field and to coordinate each service into a general plan.

To facilitate such coordination and planning, the agencies will find it helpful to prepare a guide[1] which will describe the functions of the public health nurse in relation to those families who may be receiving nursing care and health instruction and who may be in need of or receiving financial assistance and case work services from county departments of public welfare or other social agencies. The guide should also describe the method of referral of individuals and families to the nurse when health instruction or nursing care is needed. A corresponding guide for Public Health Nurses in the use of welfare and social agencies is also desirable.

Medical Care

It is recommended that the county public health nurse familiarize herself with the general attitudes of the township trustees, and of the director and staff of the County Department of Public Welfare toward provision of medical care for the various categories of potential applicants so that she will know how to advise individuals and families. This is desirable also so that the public health nurse, with the assistance of the consultants of the branch offices of the State Board of Health, may bring to the attention of the proper people, unmet needs and inadequately met needs of sick, injured, crippled and other handicapped persons in the county.

[1] A sample guide is available upon request from the State Board of Health.

Principles Involved in Referrals and Inter-Agency Relationships

In referring patients and in all of her inter-agency relationships the nurse should bear in mind the following principles:

1. All cooperative relationships need to be built on mutual feeling of respect and understanding of the services each provide.
2. Referrals should be made early before a situation becomes acute or emergent in either the health or social area.
3. In certain complicated situations a referral conference is highly desirable. In such a conference a discussion of the patient's readiness for help is important.
4. If the referring agency plans to continue with the patient there should be an understanding of the responsibility of each organization. Inter-agency conferences by telephone, inter-agency report, written or in person, should be planned at intervals. This will clarify the role of the public health nurse and other workers.
5. The use of a referral form which establishes basic information needed in any referral will raise and unify standards of procedure. (See sample copy at end of this Section.)
6. In the interest of better coordination of services to the patient, the organization accepting the referral should notify the referring agency when service is terminated.

Community Resources Directory

We have prepared the following directory to:

1. Help acquaint nurses with the major State resources for health or related problems. The resources listed are supported through tax funds and private contributions.
2. Describe some of the local resources which exist in most counties. There are wide variations of resources in the communities, therefore, a survey of the local community will reveal many which are not listed here.[1]

[1] See Commmunity Survey, Section III.

3. Describe briefly what each organization is and how it can be used.

The directory is divided into two sections, A and B. The A Section groups health, civic and welfare agencies according to the types of services rendered by them. The headings are by service titles. The B Section lists the agencies themselves, alphabetically. Included is a brief description of the purpose and program of each organization.[2]

Section A

AGENCIES CLASSIFIED BY TYPES OF SERVICES

AGED

Homes for:

Indiana State Soldiers Home	Lafayette

Assistance for:

Indiana State Department of Public Welfare	141 S. Meridian St. Indianapolis
County Departments of Public Welfare	

AID FOR DEPENDENT CHILDREN

Indiana State Department of Public Welfare, Division of Public Assistance	141 S. Meridian St. Indianapolis

ASSOCIATIONS, FEDERATIONS AND CONFERENCES

Federated Clubs

Indiana State Conference on Social Work	122 E. Michigan St., Indianapolis
Indiana State Nurses Association, (See map in Appendix)	
Indiana Chamber of Commerce	Chamber of Commerce Bldg Indianapolis
Local Chambers of Commerce	
Local Councils of Parent-Teacher Association	
Local League of Women Voters	
Kiwanis Clubs	
Lions Clubs	
Junior Chamber of Commerce	
Rotarian Clubs	
Sororities	

BLIND

See also: Education, Special Groups, Education for; Physically Handicapped

Board of Industrial Aid and Vocation Rehabilitation for the Blind	536 W. 30th St. Indianapolis
Indiana State School for the Blind	7725 College Ave. Indianapolis
Indiana State Department of Public Welfare, Division of Public Assistance	141 S. Meridian St. Indianapolis
Indiana State Library	140 N. Senate Avenue Indianapolis
County Departments of Public Welfare, Blind Assistance Division	

CANCER

Indiana Cancer Society	325 Board of Trade Bldg. Indianapolis
Indiana University Medical Center, tumor clinic and special cancer clinic once each month.	

CHILDREN'S SERVICE

Adoption

Indiana State Department of Public Welfare, Children's Division	141 S. Meridian St., Indianapolis
County Departments of Public Welfare, Child Welfare Division	

Homes, Institutions and Schools for Children

Indiana Baptist Home	Zionsville
Indiana Soldiers' and Sailors' Children's Home	Knightstown

[2] Adapted from Council of Social Agencies, *Directory of Resources in Indianapolis and Marion County*, Indianapolis, Indiana.

Indiana State Department of Public Welfare, Children's Division	141 S. Meridian St., Indianapolis
Suemma Coleman Home of Indianapolis	2044 N. Illinois St., Indianapolis
White's Indiana Manual Labor Institute	R. R. #5, Wabash

CLINICS

See also: Hospitals

Cancer and Tumor

Indiana University Medical Center	1076 W. Michigan St., Indianapolis

Dental

Indiana University Dental School	1121 W. Michigan St., Indianapolis

General

Indiana State Department of Public Welfare Division of Services for Crippled Children	141 S. Meridian St., Indianapolis
Indiana University Medical Center, Out-Patient Service	1076 W. Michigan St., Indianapolis

Psychiatric

Indiana University Medical Center, Out-Patient Service	1076 W. Michigan St., Indianapolis
Council For Mental Health. Mental Hygiene Clinic—For locations write:	1098 W. Michigan St., Indianapolis

Venereal Diseases

Boards of Health

Anderson	133 E. 9th Street
Bedford	Dunn Memorial Hospital
Bloomington	City Hall
Boonville	Court House
Brazil	Clay County Hospital
Columbus	Court House
East Chicago	Katherine House 3803 E. Deodor
Evansville	Court House Annex
Fort Wayne	City Hall
Franklin	Court House
Gary	City Hall
Hammond	City Hall
Indianapolis	Riley Hospital (Congenital)
Indianapolis	Long Hospital (Adults)
Indianapolis	Coleman Hospital (Women)
Indianapolis	City Hospital
Indianapolis	Public Health Center
Jeffersonville	City Hall
Kokomo	107½ S. Union Street
Madison	Engine House #2
Marion	City Hall
Muncie	111 Western Reserve Life Bldg.
New Albany	1801 Ekin Street
Petersburg	108 N. 8th Street
Princeton	216 W. Broadway
Richmond	26 S. 7th Street
Seymour	100½ N. Chestnut Street
Shelbyville	City Hall
South Bend	114½ S. Lafayette Blvd.
Terre Haute	City Hall
Vincennes	City Hall

CORRECTIONAL AND PENAL AGENCIES AND INSTITUTIONS

Indiana Boys' School	Plainfield
Indiana Girl's School (Clermont)	R. R. #2, Box 440 Indianapolis
Indiana Reformatory	Pendleton
Indiana State Department of Public Welfare, Division of Corrections	141 S. Meridian St., Indianapolis
Indiana State Farm	R. R. #2, Greencastle
Indiana State Prison	Michigan City
Indiana State Police, Bureau of Identification	State House Indianapolis
Indiana State Women's Prison	401 Randolph St. Indianapolis

Local County Jails

COURTS AND COURT SERVICES
See: *This is Your Indiana Government*, Chamber of Commerce

CRIPPLED, MEDICAL AND SURGICAL CARE

Indiana Society for Crippled Children	621 Lemcke Building, Indianapolis
Indiana State Department of Public Welfare	141 S. Meridian St., Indianapolis
Division of Public Assistance	
Division of Services for Crippled Children	
Indiana University Medical Center, Riley Hospital for Children	1076 W. Michigan St., Indianapolis
County Department of Public Welfare, Crippled Children's Services	
County Society for the Crippled	
National Foundation for Infantile Paralysis, Inc.	614 Board of Trade Bldg., Indianapolis

CRIPPLED—Rehabilitation
See: Physically handicapped

DEAF
See also: Education, Special Groups, Education for: Physically Handicapped

Indiana State Department of Vocational Civilian Rehabilitation	143 N. Meridian St., Indianapolis
Indiana State School for the Deaf	1200 E. 42nd Street, Indianapolis

DISABLED—PHYSICALLY
See: Blind; Hard of Hearing

DISASTER RELIEF

American Red Cross	Eastern Area Headquarters, 615 N. Saint Asaph St., Alexandria, Virginia
Local Red Cross Chapters	

EDUCATION

Special groups, Education for Fort Wayne State School	Fort Wayne
Indiana State Board of Education, Division of Vocational Training	215 State House Indianapolis
Local Public Schools	
Muscatatuck Colony	Butlerville
Indiana State School for the Blind	7725 College Ave. Indianapolis
Indiana State School for the Deaf	1200 E. 42nd St. Indianapolis
Indiana Village for Epileptics	New Castle

EPILEPTIC

Indiana State Village for Epileptics	New Castle

FAMILY SERVICES

American Legion Auxiliary	777 N. Meridian St., Indianapolis
American Red Cross Chapter	
Catholic Charities Bureau	
Indiana State Department of Public Welfare	141 S. Meridian St., Indianapolis
County Department of Public Welfare, Public Assistance Division	
Salvation Army	

FOOD AND NUTRITION SERVICES
See also: Family Services

Home Demonstration Agent, Indiana State Board of Health	1098 W. Michigan St., Indianapolis

GIRLS' WORK
Camp Fire Girls, Inc.
Four-H Clubs
Girls Scouts
Young Women's Christian Ass'n.

HANDICAPPED
See: Physically handicapped; Mentally handicapped

HARD OF HEARING

See also: Education, Special Groups, Education for; Physically Handicapped

Ball State Teachers College	Muncie
Indiana State School for the Deaf	1200 E. 42nd St. Indianapolis
Indiana State Teachers' College	Terre Haute
Indiana University	Bloomington
Purdue University	Lafayette

HEALTH—Child Health

See also: Clinics; Community Centers; Hospitals

American Legion National Child Welfare Division	777 N. Meridian St., Indianapolis
Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Indiana University Medical Center James Whitcomb Riley Hospital	1076 W. Michigan St., Indianapolis
Rotary Convalescent Home	1076 W. Michigan St., Indianapolis
Local Boards of Health and Hospitals	

HEALTH—Dental Hygiene

See also: Hospitals

Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Indiana University Medical Center, School of Dentistry	1121 W. Michigan St., Indianapolis
Local Hospitals	
Public Schools	

HEALTH—Health Education

See also: Young Agencies

American Red Cross	1126 N. Meridian St., Indianapolis
Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Indiana Tuberculosis Association	130 E. Washington St., Indianapolis
Indiana University Medical Center	1076 W. Michigan St., Indianapolis
Local Board of Health and Hospitals	
Public Schools	
County Tuberculosis Associations	

HEALTH—Maternal and Prenatal

See also: Hospitals

Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Local Boards of Health and Hospitals	1098 W. Michigan St., Indianapolis

HEALTH—Tuberculosis

Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Indiana Tuberculosis Association	130 E. Washington St., Indianapolis
U. S. Veterans' Hospital	Cold Springs Road, Indianapolis

STATE, COUNTY AND PRIVATE SANATORIA

County	
Lake County T. B. Hospital	Crown Point 300 beds
Healthwin Sanatorium	R. R. #4, South Bend, 210 beds
Irene Byron Sanatorium	Fort Wayne, 227 beds
Smith-Esteb Hospital	R. R. #4, Richmond, 50 beds
Hillcrest Sanatorium	410 S. 7th St. Vincennes, 66 beds
Boehne Hospital	Evansville, 150 beds
Sunnsyside Sanatorium	Indianapolis 273 beds
William Ross Sanatorium	R. R. #5, Lafayette, 41 beds

City
Flower Mission — Indianapolis, 100 beds

State
Indiana State Sanatorium — R. R. #1, Rockville, 275 beds
Silvercrest Hospital — New Albany, 150 beds

HEALTH—Venereal Diseases
See also: Hospitals and clinics—Venereal Diseases

HOSPITALS
See also: Clinics
General
Indiana University Medical Center, Robert W. Long Hospital — 1076 W. Michigan St., Indianapolis

United States
Ft. Benjamin Harrison Veterans' Hospital — Ft. Harrison; 2601 Cold Spring Road, Indianapolis

Children, Hospital for:
Indiana University Medical Center — 1076 W. Michigan St., Indianapolis
James Whitcomb Riley Hospital for Children
Rotary Convalescent Home — 1076 W. Michigan St., Indianapolis

Contagious Wards
James Whitcomb Riley Hospital for Children — 1076 W. Michigan St., Indianapolis

HOSPITAL SERVICES—Mental and Nervous
Indiana State Department of Public Welfare, Division of Mental Hygiene — 141 S. Meridian St., Indianapolis

Indiana State Central State Hospital — West Washington St., Indianapolis
East Haven State Hospital — Richmond
Evansville State Hospital — Evansville
Ft. Wayne State School — Ft. Wayne
Indiana State Hospital For Criminal—Insane — Michigan City
Logansport State Hospital — "Longcliff" Logansport
Robert W. Long Hospital — 1076 W. Michigan St., Indianapolis

Out-Patient Services
Indiana University Medical Center — 1076 W. Michigan St., Indianapolis

Tuberculosis Patients, Hospitals For
See: HEALTH—Tuberculosis

Venereal Diseases, Hospital For
See: CLINICS—Venereal Diseases

Women, Hospitals For
Indiana University Medical Center
William H. Coleman Hospital for Women — 1076 W. Michigan St., Indianapolis
Madison State Hospital — North Madison
Muscatatuck — Butlerville
Village for Epileptics — New Castle
National Soldiers' Home (Veterans') — Marion
United States Veterans' Hospital — 2601 Cold Spring Road, Indianapolis

Note—For additional information on private institutions for mental patients, consult the Indiana Society for Mental Hygiene, 141 S. Meridian St., Ma. 9401.

ILLEGITIMACY
See: Unmarried Mothers, Service for

INDIANA STATE INSTITUTIONS
Board of Industrial Aid and Vocational Rehabilitation for the Blind — 536 W. 30th St. Indianapolis
East Haven State Hospital — Richmond
Evansville State Hospital — Evansville
Fort Wayne State School — Fort Wayne

Indiana Boys' School	Plainfield
Indiana Central State Hospital	West Washington St., Indianapolis
Indiana Girls' School	R. R. #2, Box 40 Indianapolis
Indiana Reformatory	Pendleton
Indiana Soldiers' and Sailors' Children's Home	Knightstown
Indiana State Farm	R. R. #1, Greencastle
Indiana State Prison	Michigan City
Indiana State Sanatorium	Rockville
Indiana State School for the Blind	7725 College Ave. R. R. #16, Indianapolis
Indiana State School for the Deaf	1200 E. 42nd St., 5 Indianapolis
Indiana State Soldiers' Home	Lafayette
Indiana Village for Epileptics	New Castle
Indiana Women's Prison	401 N. Randolph St. Indianapolis
Logansport State Hospital	"Longcliff" Logansport
Madison State Hospital	North Madison
Muscatatuck State School	Butlerville
Southern Indiana Tuberculosis Hospital	"Silvercrest" New Albany

INSANE
See: Clinics; Hospital Services; Mental and Nervous; Hospitals; Mentally Handicapped

INSURANCE, OLD AGE
See: Social Insurance

MENTAL HYGIENE

Indiana Council for Mental Health	1098 W. Michigan St., Indianapolis
Indiana Society for Mental Hygiene	(No official quarters)
Indiana State Department of Public Welfare, Division of Mental Hygiene	(According to 1947 legislation this Division was placed under the Indiana Council for Mental Health. However, until the quarters and personnel for the Indiana Council for Mental Health are established the Division will be housed at 1098 W. Michigan St., Indianapolis
Riley Hospital, Child Guidance Clinic	1076 W. Michigan St., Indianapolis

MENTALLY HANDICAPPED
See: Hospital Services for Mental and Nervous

Indiana Council for Mental Health	1098 W. Michigan St., Indianapolis
Indiana State Department of Public Welfare, Division of Mental Hygiene	

(See explanation under MENTAL HYGIENE)

NEIGHBORHOOD AND YOUTH AGENCIES

Boys Scouts of America, Central Indiana Council	216 Chamber of Commerce Bldg. Indianapolis
Camp Fire Girls	
Catholic Youth Organization	
Four-H Clubs	
Girl Scouts	
Salvation Army	

NUTRITION
See: Food and Nutrition Services

OCCUPATIONAL THERAPY
See also: Hospitals

Indiana Society for Crippled Children	621 Lemcke Bldg. Indianapolis
Indiana State Department of Public Welfare, Division of Services for Crippled Children	141 S. Meridian St., Indianapolis
Indiana State School for the Blind	7725 College Ave. Indianapolis
Indiana State School for the Deaf	1200 E. 42nd St. Indianapolis
James Whitcomb Riley Hospital	1076 W. Michigan St. Indianapolis
County Society for the Crippled	
United States Veterans' Hospital	2601 Cold Spring Road. Indianapolis

OLD AGE ASSISTANCE
See: Aged, Assistance for

OLD PEOPLES HOMES
See: Aged, Homes for

PHYSICALLY HANDICAPPED
See also: Clinics, Education, Special Groups, Education for; Hospitals; Veterans' and their Dependents

Board of Industrial Aid and Vocational Rehabilitation for the Blind	536 W. 30th St. Indianapolis
Indiana State Department of Education, Division of Vocational Civilian Rehabilitation	143 North Meridian St. Indianapolis
Branch Office	1500 E. Michigan St., Indianapolis
Indiana State Department of Public Welfare	141 S. Meridian St., Indianapolis
Division of Public Assistance	
Division of Services for Crippled Children	
Indiana State Division of Procurement and Supply	State House Indianapolis
Indiana State Library	140 N. Senate Avenue Indianapolis
Indiana State School for the Blind	7725 College Avenue
Indiana State School for the Deaf	1200 E. 42nd St. Indianapolis

PHYSIO-THERAPY

Indiana University Medical Center James Whitcomb Riley Hospital	1076 W. Michigan St., Indianapolis
United States Veterans' Hospital	2601 Cold Spring Road Indianapolis

PSYCHIATRIC SERVICES

Indiana Council for Mental Health	1098 W. Michigan St., Indianapolis
Indiana Society for Mental Hygiene	
Indiana State Department of Public Welfare, Division of Mental Hygiene	141 S. Meridian St., Indianapolis
James Whitcomb Riley Hospital	1076 W. Michigan St., Indianapolis
United States Veterans' Hospital	2601 Cold Spring Road, Indianapolis

PUBLIC DEPARTMENTS AND INSTITUTIONS
See: Listings under Indiana State, County, Local and United States

REASEARCH AND STATISTICS

See also: Education; Libraries

Iniana Historical Bureau	140 N. Senate St.
Indiana State Chamber of Commerce, Division of Research	2nd fl. Board of Trade Bldg Indianapolis
Indiana State Department of Public Welfare, Division of General Administration	141 S. Meridian St., Indianapolis
Indiana University Division of Social Service	122 E. Michigan St., Indianapolis
Indiana Uniersity Medical Center	1076 W. Michigan St., Indianapolis
Local Chambers of Commerce	
Social Security Administration, Bureau of Old Age and Survivors Insurance	307 N. Pennsylvania St. Indianapolis
United States Department of Agriculture, Farm Security Administration	342 Massachusetts Avenue Indianapolis

RELIEF

Township Trustees

Note: See Family Services for organizations giving relief incidental to family counseling.

SAFETY

American Red Cross	Eastern Area Headquarters 615 St. Asaph St., Alexandria Virginia and local chapters
Local Chapters	
Local Chambers of Commerce, Safety Committees	
Police Departments	

SANITATION

Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Local Board of Health	

SCHOOLS

See: Education

SEX EDUCATION

See: Social Hygiene

SIGHT RESTORATION

Board of Industrial Aid and Vocational Rehabilitation for the Blind	536 W. 30th St. Indianapolis
Indiana State Department of Public Welfare, Division of Public Assistance	141 S. Meridian St., Indianapolis
Indiana University Medical Center, Eye Clinic	1076 W. Michigan St., Indianapolis
County Departments of Public Welfare	

SOCIAL HYGIENE

Indiana State Board of Health	1098 W. Michigan St., Indianapolis
Public Health Center	1140 E. Market St., Indianapolis

SOCIAL INSURANCE

Indiana Employment Security Division	141 S. Meridian St., Indianapolis
Social Security Administration, Bureau of Old Age and Survivors Insurance	307 N. Pennsylvania St. Indianapolis

SPEECH CORRECTION

Ball State Teachers' College	Muncie
Indiana State School for the Deaf	1200 E. 42nd St. Indianapolis

Indiana University	Bloomington
Indiana State Teachers' College	Terre Haute
Purdue University	Lafayette

STATISTICS
See: Research and Statistics

TRANSIENT AND HOMELESS, SERVICES FOR

Salvation Army	
Young Men's Christian Association	
Young Women's Christian Association	

TUBERCULOSIS
See also: Health, Tuberculosis

Indiana Tuberculosis Association	130 E. Washington St., Indianapolis
County Tuberculosis Associations	

UNMARRIED MOTHERS, SERVICES FOR

Catholic Charities and Social Services	
County Departments of Public Welfare	
Eleanor Johnston Home	1615 Fulton Ave. Evansville
Family Service Associations and Bureaus	
Florence Crittenton Home	1923 Poplar St. Terre Haute
Protestant Child Welfare Associations	
Red Cross Chapters	
St. Elizabeth Home	2500 Churchman Ave. Beech Grove Indianapolis
State Board of Health	1098 W. Michigan St., Indianapolis
Suemma Coleman Home	2044 N. Illinois St. Indianapolis

VENEREAL DISEASES
See also: Clinics, Hospitals

U. S. Public Health Service Center	1140 E. Market St. Indianapolis

VETERANS AND THEIR DEPENDENTS
See also: Aged, Children's Services; Family Services

American Legion Department of Indiana	777 N. Meridian St., Indianapolis
National Child Welfare Division	777 N. Meridian St., Indianapolis
American Red Cross and Local Chapters	
Disabled American Veterans, Department of Indiana	438 K. of P. Bldg. Indianapolis
Indiana Soldier's and Sailor's Children's Home	Knightstown
Indiana State Department of Public Welfare, Division of Public Assistance	141 S. Meridian St., Indianapolis
Indiana State Department of Veteran's Affairs	431 N. Meridian St., Indianapolis
Indiana State Soldiers' Home	Lafayette
Local Public Schools	
County Department of Public Welfare	
National Soldier's Home (Veterans' Hospital)	Marion
United Spanish American War Veterans	Soldiers' & Sailors' Monument Indianapolis
United States Employment Service, Veterans' Department	257 W. Washington St. Indianapolis
United States Veterans' Administration, Regional Office	36 S. Pennsylvania St., Indianapolis
U. S. Veterans' Employment Service	105 S. Meridian St., Indianapolis
Veterans of Foreign Wars	834 K. of P. Bldg. Indianapolis

Veterans' Hospital	2601 Cold Springs Road Indianapolis
Veterans' Service Center	30 W. Washington St., Indianapolis

VETERANS' ORGANIZATIONS

American Legion	777 N. Meridian St., Indianapolis
Disabled American Veterans	438 K. of P. Bldg. Indianapolis
United Spanish American War Veterans	Soldiers' & Sailors' Monument Indianapolis
Veterans of Foreign Wars	834 K. of P. Bldg. Indianapolis

VOCATIONAL SERVICE—GUIDANCE

Board of Industrial Aid and Vocational Rehabilitation for the Blind	536 W. 30th St. Indianapolis
Indiana Society for Crippled Children	621 Lemcke Bldg. Indianapolis
Indiana State Board of Education, Division of Vocational Civilian Rehabilitation	143 N. Meridian St., Indianapolis
Indiana State Department of Veterans' Affairs	431 N. Meridian St., Indianapolis
Indiana State Soldiers' Home	Lafayette
Local Public Schools	
County Departments of Public Welfare	
National Soldiers' Home (Veterans' Hospital)	Marion
United States Veterans' Administration, Regional Office	
Indiana State Board of Education, Division of Vocational Training	State House Indianapolis
Indiana State Department of Public Welfare	141 S. Meridian St., Indianapolis
Indiana State Nurses' Association	1125 Circle Tower Bldg. Indianapolis
County Departments of Public Welfare	
Young Men's Christian Association	
Young Women's Christian Association	

SECTION B

DESCRIPTION OF AGENCIES

AMERICAN LEGION AUXILIARY, DEPARTMENT OF INDIANA AND LOCAL AUXILIARIES—
777 N. Meridian Street, Indianapolis.

Services: Gives emergency short contact services to veterans and veterans' dependents and special services to disabled veterans.

AMERICAN LEGION, DEPARTMENT OF INDIANA, INC.—
777 N. Meridian Street, Indianapolis.

Services: Gives assistances on handling of claims of World War Veterans and their dependents when veterans are Legion members or are recommended by local post.

AMERICAN LEGION, NATIONAL CHILD WELFARE DIVISION—
777 N. Meridian Street, Indianapolis.

Services: To assure care and protection to children of veterans of World Wars I and II. Through its legislative activities brings benefits for all children.

AMERICAN RED CROSS AND LOCAL CHAPTERS
Eastern Area Headquarters, 615 N. Saint Asaph St., Alexandria, Virginia.

Maintains the following departmental services: Home Service, Welfare Services to servicemen, ex-servicemen and their families; Volunteer Special Services, Canteen, Nurse Aides, Motor Corps, Grey Ladies, Dietitian Aides, Home Service Corps, Production Corps, Arts and Skills Corps, Staff Assistants; Military Nurse Recruitment; Camp and Hospital Service; Junior Red Cross; Home Nursing; Nutrition; First Aid and Water Safety; Overseas Red Cross workers' recruitment; and Public Information Service.

Upon request from the Local Organization of the National Foundation for Infantile Paralysis, Red Cross will recruit nurses for the care of infantile paralysis patients after clearance with local health authorities, regardless of whether or not the health authorities have declared an epidemic.

The Red Cross Chapter through it Home Service Section provides information and counseling service for the unmarried mother who is eligible for such services, because a serviceman is alleged to be the father of the baby.

BALL STATE TEACHERS' COLLEGE—SPEECH AND HEARING CLINIC—
Services same as Indiana University.

BOARD OF INDUSTRIAL AID AND VOCATIONAL REHABILITATION FOR THE BLIND—
536 West 30th Street, Indianapolis.
Services: To promote a system of economic security for the adult blind through administering a state wide program for vocational training and rehabilitation.

BOEHNE HOSPITAL—EVANSVILLE—
Medical and Surgical care of the tuberculosis in Vanderburgh County. Patients from other counties are admitted by special arrangement.

BOY SCOUTS OF AMERICA—
320 N. Meridian Street, Indianapolis.
Services: Group programs in Scout craft and related activities for boys nine years or older, to teach them patriotism, courage and self-reliance.

CAMP FIRE GIRLS, INC.—
108 E. Washington Street, Indianapolis.
Services and purpose: A character building organization with a program centered around the seven crafts: home craft, handcraft, health craft, camp craft, nature, business and citizenship. Maintains Camp Delight, R.R. 5, Noblesville, and day camps.

CATHOLIC CHARITIES—
The services of the various local organizations vary through the State, most of them include various types of charitable work. Several of these agencies are licensed Child Placement Agencies having programs meeting standards set-up by the State Department of Public Welfare. Besides the responsibility for replacement of children, their service may include information and counseling service for the unmarried mother in referral to other agencies for specific needs. Some of them may be able to provide financial assistance for the unmarried mother on the temporary basis for special needs.

CHAMBER OF COMMERCE—
Purpose: An organization of business and professional men to promote business and civic welfare.

COUNTY COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS—AGRICULTURAL AGENT—
Services: Supervises agricultural activities and projects in the county including Boys' Four-H Clubs; Home Demonstration Agent Service; supervises Home Economics activities in the county including Home Makers' Clubs and Girls' Four-H Clubs.

COUNTY DEPARTMENTS OF PUBLIC WELFARE
Services: There is an Organized Department of Public Welfare in every county to administer the Social Security Aids Programs, Old Age Assistance, Aid to Dependent Children and Assistance to the Blind for the State Department of Public Welfare as required by the Federal Security Agency. These aids are all based on financial need, they are not pensions. Old Age Assistance is granted to needy persons over sixty-five years of age who are legal residents. Maximum grant is forty-five dollars a month. Approximately fifty per cent of the cost of old age assistance is paid by Federal, thirty per cent by State and twenty per cent by County.

Blind Assistance is granted to needy blind persons. Maximum grant is forty-five dollars a month. Federal Government provides fifty per cent and the State provides fifty per cent of the cost of the assistance.

Aid to dependent children is cash assistance to dependent children without other means of support and who meet the eligibility requirements of residents in the State and are under eighteen years of age. The grant is set by law at thirty-five dol-

lars for a mother and one child if only one child is eligible, but only thirty dollars for mother and one child, eighteen dollars for second child and fifteen dollars for third child and each additional child. Federal Government provides approximately fifty per cent, State, thirty per cent, and County, twenty per cent of the fund.

The additional functions of the County Departments of Welfare are: Services and assistance to all handicapped persons, including crippled and handicapped children, care of children in danger of becoming delinquent and other welfare activities delegated to it by the State Department of Public Welfare. For list of additional specific responsibilities of County Departments of Welfare, requests may be made to the branch office of the State Board of Health. It is also suggested that Public Welfare *News* for March, 1946, has articles describing these programs called, "For Children" in which are described the specific duties of the Children's Division in the Division of Services for Crippled Children as well as the County Departments of Welfare.

Assistance for Unmarried Mothers: The County Departments of Public Welfare have responsibility for service to the child born out of wedlock and for advisory and protective services for unmarried mothers as well as for the providing of medical care for confinement. Nurses may refer unmarried mothers for help in relation to all aspects of their needs. If the unmarried mother does not wish to accept a referral to the County Department a special referral may be made to the Children's Division Consultants of the State Department of Public Welfare. For those unmarried mothers who need care before confinement the County Department may arrange for admission to one of the maternity homes in Indiana.

Referral Services: Nurses should refer to the County Departments of Public Welfare all individuals needing any of the special services.

COUNTY SOCIETIES FOR THE CRIPPLED—

Services: Provides counseling and placement; provides orthopedic appliances for crippled not served by other agencies

COUNTY TUBERCULOSIS ASSOCIATION—

Services: Cooperates with State and National Tuberculosis Associations. Conducts educational campaigns against tuberculosis. Conducts case-finding in industry and high schools. Participates in rehabilitation programs. (See also Educational Consultant—in preceding section on Consultant Service.)

DISABLED AMERICAN VETERANS—

216 Massachusetts Avenue, Indianapolis 4.

Services: Handles claims for service, or non-service connected disabilities of veterans and their widows and dependents.

ELEANOR JOHNSTON HOME—

615 Fulton Avenue, Evansville.

A non-sectarian maternity home, for unmarried mothers. Cost varies according to several factors such as variations in ability to pay and length of antepartal and postpartal periods of residence. An unmarried mother who requires shelter care for a long period before and after confinement may be suitable for referral. Negro unmarried mothers are not accepted.

EVANSVILLE STATE HOSPITAL, EVANSVILLE—

Services: Care and treatment of the mentally ill. Admission by court procedure constituting legal commitment or voluntary admission.

EAST HAVEN STATE HOSPITAL, RICHMOND—

Services: Care and treatment of the mentally ill. Admission by court procedure constituting legal commitment or voluntary admission.

FAMILY WELFARE ASSOCIATIONS—

These agencies carry on various types of family services. Many of them have a program which includes information, referral and counseling in case work service for unmarried mothers. Some of them may be able to provide financial assistance on a temporary basis or for special needs.

FLORENCE CRITTENTON HOME—

1923 Poplar Street, Terre Haute.

A maternity home for unmarried mothers. Cost varies according to several factors such as variations in ability to pay, length in antepartal and postpartal periods of residence. An unmarried mother who requires shelter care for a long period before and after confinement may be suitable

for a referral to this home. Negro unmarried mothers are not accepted.

FORT WAYNE STATE SCHOOL, FORT WAYNE—
Services: Education and training or custodial care of feebleminded residents of certain counties of Indiana. Admission by court procedure constituting legal commitment.

GIBAULT HOME—
R. R. #3, Terre Haute.
Services: A home for delinquent and pre-delinquent boys between the ages of ten and eighteen. Supported by the Archdiocese of Indianapolis, Knights of Columbus and service charges.

GIRL SCOUTS—
Services: Character building program for girls from seven to eighteen. Training is offered in many specific fields of interest.

HILLCREST SANATORIUM, VINCENNES—
Services: Care of the tuberculous of Knox County. Patients from other counties admitted by special arrangement.

HEALTHWIN SANATORIUM—
R. R. #4, South Bend.
Services: Medical care for the tuberculous.

INDIANA BAPTIST HOME, INC. (Formerly Crawford Baptist Home)—
Zionsville.
Services: A boarding home and training school for dependent, neglected and problem children. Supported by the Baptist Church, private funds and fees.

INDIANA BOYS' SCHOOL, PLAINFIELD—
Services: Educating and re-educating boys who have not been able to adjust themselves to society. Commitments made by juvenile and other courts.

INDIANA CANCER SOCIETY AND LOCAL SOCIETIES—
143 N. Meridian Street, Indianapolis.
Services: Supports information services and research on cancer control.

INDIANA CENTRAL STATE HOSPITAL—
West Washington Street and Tibbs Avenue, Indianapolis.
Services: Care and treatment of the mentally ill. Admission through court procedure constituting legal commitment.

INDIANA COUNCIL FOR MENTAL HEALTH—
1098 W. Michigan Street, Indianapolis.
Services: Has general supervision of treatment and care of residents of the State of Indiana who are suffering from mental diseases. Eventually will operate a Reception Center (Screening Hospital) to which patients may be referred by their physicians for study, diagnosis, treatment and rehabilitative services, thus constituting preventive mental health services and providing means for reducing the great numbers of patients who need State hospital care. The Council for Mental Health by Acts of 1947, has the responsibility for conducting mental hygiene clinics throughout the State for the "diagonsis, treatment and prevention of mental diseases, behavior and personality disorders, delinquency and criminality of children and adults for whom such services are not otherwise available because of inability to pay for such services or other reasons." This is a program formerly conducted by the Mental Hygiene Division of the State Department of Public Welfare and is in a transitional state. Further information will be supplied later as to extent of clinic services and the arrangements covering referrals.

INDIANA EMPLOYMENT SECURITY DIVISION—
141 S. Meridian Street, Indianapolis.
Services: Administers Indiana Unemployment Compensation Law: Title V. of G. I. Bill of Rights.

INDIANA GIRLS' SCHOOL—
R. R. #2, Box 440, Indianapolis.
Services: Training School for delinquent girls. Commitment made by juvenile and other courts.

INDIANA REFORMATORY—
Pendleton.
Services: For incarceration and reformation of young men between the ages of sixteen and thirty years.

INDIANA SOCIETY FOR CRIPPLED CHILDREN, INC.—
108 E. Market Street, Indianapolis.
Services: Sponsors legislative measures pertaining to crippled children. Provides services to individuals with all kinds of crippling conditions not provided for by

other public and private agencies. Sponsors special classes in cooperation with school officials. Furnishes special equipment where such a need is indicated. Sponsors summer camps and recreational programs for crippled children. Sponsors vocational training for severely handicapped adults through employment and shelter work shops and in patients' own homes. Provides scholarships for preparation of occupational therapists.

INDIANA SOCIETY FOR MENTAL HYGIENE—
141 S. Meridian Street, Indianapolis.
Services: Studies and advises on mental health problems.

INDIANA SOLDIERS' AND SAILORS' CHILDREN'S HOME—
Knightstown.
To care for normal children, eighteen years and under, of honorably discharged servicemen and women.

INDIANA STATE BOARD OF EDUCATION, VOCATIONAL SERVICES—
Division of Vocational Training, State House, Indianapolis.
Services: Trains high school students in home economics, agriculture and in trades and industrial work; evening classes for adults. Also supervises training in distributive occupations.

Division of Vocational Civilian Rehabilitation—
143 N. Meridian Street, Indianapolis.
Services: Provides vocational training and employment adjustment services to persons sixteen years of age and above. The ultimate aim of the Department of Vocational Rehabilitation is to reduce or remove handicaps which afflict rehabilitation applicants and to render handicapped persons self-supporting. Services offered illustrative only, complete or partial physical restoration, counseling and guidance, prosthetic appliances, placement in productive employment, maintenance for needy handicapped persons during the time he is being prepared to re-enter employment.

INDIANA STATE BOARD OF HEALTH—
1098 W. Michigan Street, Indianapolis.
See: Section I of this Manual.

INDIANA STATE CHAMBER OF COMMERCE—
143 N. Meridian Street, Indianapolis.
Services: Overall business representation in matters of taxation, social security, transportation, personnel relations and similar activities.

INDIANA STATE CONFERENCE ON SOCIAL WORK—
122 E. Michigan Street, Indianapolis.
Purpose: To facilitate discussion and action in problems of welfare, and to increase efficiency and spread information concerning welfare agencies.

INDIANA STATE DEPARTMENT OF PUBLIC WELFARE—
141 S. Meridian Street, Indianapolis.
Pursuant of the provisions of the Welfare Act of 1936, as amended, the State Department of Public Welfare, under the guidance of the State Board of Public Welfare, administers or supervises public welfare in Indiana through various public institutions and the county departments of public welfare. This department is responsible for administering programs of child welfare services, for crippled children, correction and parole. The State Department formulates policies and exercises supervision over county welfare functions.

Division of Public Assistance—
Services: Supervision of old age assistance, aid to dependent children, blind assistance, licensing of nursing homes for the aged and civilian war aid.

Children's Division—
Services: Administers or supervises all public child welfare services in Indiana. This includes licensing and supervision of all children's institutions, child placing agencies, nurseries and boarding homes for children; supervision of dependent and neglected children in foster homes and institutions, especially children placed for adoption, and those born out of wedlock, destitute children, and cases of children sent into the state unaccompanied by parents or guardian; extends and develops child welfare services in areas predominately rural and in special need.

Division of Services for Crippled Children—

Services: Medical care and clinic review in hospital centers approved by the State Department of Public Welfare; such approval being based upon the fact that diagnostic and treatment facilities which meet the special needs of the crippled child are available.

A. Indianapolis—Indiana University Medical Center

1. Hospitalization

(a) James Whitcomb Riley Hospital (up to sixteen years)

(b) Robert W. Long Hospital (sixteen to twenty-one years)

(c) Rotary Convalescent Hospital (up to sixteen years).

2. Cerebral Palsy Project

In conjunction with the Indiana University Medical Center the State Department of Public Welfare maintains a Cerebral Palsy Project to meet the special needs of the cerebral palsied child. In order that this service may be available to all cerebral palsied children under twenty-one and who are residents of the State, medical referrals may be made to the clinic through the County Department of Public Welfare without consideration of financial need thus making it possible for children to be treated on a pay basis. Professional services offered are: Orthopedic, pediatric, neurological, psychiatric, psychological, medical social, speech, occupational and physical therapy. Treatment is based on the individual patient's needs.

B. Fort Wayne

C. Evansville

D. Gary

Medical findings and recommendations are transmitted to:

A. The local nurse—on discharge of a patient from the hospital and after each clinic visit

B. To County Departments of Public Welfare

The State Department of Public Welfare maintains a consultant staff to assist local doctors, nurses and County Departments of Public Welfare. (See preceding material in this section on "Consultant Services").

Division of Corrections—

Services: Supervises parolees from correctional and penal institutions, correctional activities, inspects county homes, county and city jails.

INDIANA STATE DEPARTMENT OF VETERANS' AFFAIRS—

431 N. Meridian Street, Indianapolis.

Services: Aids and assists veterans of armed forces of the United States entitled to benefits and advantages that may hereafter be provided by the United States, the State of Indiana, or by any other State or Government.

INDIANA STATE DIVISION OF PROCUREMENT AND SUPPLY—

State House, Indianapolis.

Services: Purchases for state institutions. Responsible for sale of institutional products, institutional farm management and war surplus materials.

INDIANA STATE FARM—

R. R. #2, Greencastle.

Purpose: Serves as disciplinary prison for short term (less than one year) prisoners.

INDIANA STATE HOSPITAL FOR INSANE CRIMINALS—

Michigan City.

Services: Treatment and care of criminals who have been adjudged insane. Also treatment and care for indicted prisoners declared insane and not standing trial.

INDIANA STATE LIBRARY—

140 N. Senate Avenue, Indianapolis.

Services: Gives free reference, research and general library service. The library has large collection of volumes in Braille.

INDIANA STATE NURSES' ASSOCIATION—

Circle Tower Building, Indianapolis.

Maintains Executive Secretary and Counselor for nurses. See Appendix B.

INDIANA STATE PERSONNEL DIVISION—
141 S. Meridian Street, Indianapolis.
Services: Administers laws covering operation of merit system for employees of certain State Departments and Divisions.

INDIANA STATE POLICE, BUREAU OF IDENTIFICATION—
State House, Indianapolis.
Services: Criminal and civil identification. Acts as clearing house for gathering and disseminating information among county sheriffs and police departments throughout the State.

INDIANA STATE PRISON, MICHIGAN CITY—
Services: For the incarceration of all men over thirty years of age who have been convicted of a felony and sentenced in any court of the State. The prison also operates the Indiana Hospital for Insane Criminals.

INDIANA STATE SANATORIUM—
Rockville.
Services: For the treatment of Indiana residents suffering with pulmonary tuberculosis. Admission through superintendent. Two application forms, one to be filled out by the patients' own physician and the other by the township trustee. Any legal resident of State is eligible provided his case offers reasonable hope of recovery, preference is given indigent and none other can be cared for until all such applicants have been accepted.

INDIANA STATE SCHOOL FOR THE BLIND—
7725 College Ave., R. R. #16, Indianapolis.
Services: Children having the visual acuity in the best eye of twenty-two hundred or less after refraction are eligible for admission. Exceptions are sometimes made for progressive blindness. The school perfers admitting young children and they accept them in the preschool period. Parent or guardian of blind child must fill out an application blank, procure a certificate of a justice of the peace on a form attached thereto and forward application to the Superintendent of the School. Transportation, proper clothing provided by parents or guardian or by Township Trustee if indigent. Maintains Grade School and four years High School. Discharged at completion of regular course of study or at the age of twenty-one. They may be discharged at any time if they fail to make progress.

INDIANA STATE SCHOOL FOR THE DEAF—
1200 E. 42nd Street, Indianapolis 5.
Services: An educational institution for the care of deaf children who are residents of Indiana. Opens in the fall and closes in the spring. Admission through application to Superintendent. Children free from contagious and infectious diseases and normal mentally are eligible to enter at age of six, in some instances before that age. Pupils provided tuition, board and lodging and medical service. Parents provide transportation, clothing and sundry expenses. Course as any grade or high school except that first two years receive training in speech and lip reading. Discharged if not progressing properly. Those capable of progressing remain until they reach 21 years of age or who graduate.

INDIANA STATE SOLDIERS' HOME—
Lafayette.
Services: Cares for honorably discharged, destitute and disabled soldiers, sailors, marines and nurses who have served the United States in any wars.

INDIANA STATE TEACHERS' COLLEGE—
SPEECH AND HEARING CLINICS—
Same as Indiana University.

INDIANA STATE WOMEN'S PRISON—
401 N. Randolph Street, Indianapolis.
Services: For incarceration and reformation of women over eighteen years of age.

INDIANA TUBERCULOSIS ASSOCIATION—
130 E. Washington Street, Indianapolis.
Services: To prevent spread of tuberculosis and to care for and assist in rehabilitation of victims of the disease. Financed by sale of Christmas Seals. (See also "Consultant Service" at beginning of this Section.)

INDIANA UNIVERSITY DIVISION OF SOCIAL SERVICE—
122 E. Michigan Street, Indianapolis.
Services: Courses of study in social work on undergraduate and graduate levels.

INDIANA UNIVERSITY MEDICAL CENTER—
1040-1232 W. Michigan St. Indianapolis.

Services: The County Department of Public Welfare may arrange for admission of patients to Indiana University Medical Center or to the Clinic from which assignment to the appropriate hospital will be made. A local physician must sign the application to establish a presumption of medical eligibility. If this physician deems the condition *acute* and immediate admission is necessary, he may make or direct County Department of Public Welfare to make arrangements by telephone with the admitting office at the Indiana University Medical Center or State Department of Public Welfare for emergency admission.

Voluntary payments, full or in part, for patients committed to Indiana University Medical Center may be accepted by the County Departments of Welfare. Expense of transportation paid or furnished by the family if able to do so without undue deprivation, otherwise it may be provided by the County Department of Public Welfare.

Has supervision of:

Coleman Hospital

Hospital for women; obstetrics and gynecology only.

Public patients limited to residents of State of Indiana.

Long (Robert W.) Hospital

General Hospital for adults.

Public patients limited to residents of State of Indiana.

Riley (James Whitcomb) Hospital

General hospital for children up to sixteen.

Limited to residents of State of Indiana.

Rotary Convalescent Home.

For convalescent children up to age sixteen.

Limited to public patients who are residents of State of Indiana.

Out-Patient Services

The County Departments of Public Welfare may arrange for the admission of adults and children to the clinics of Medical Center.

There is statutory basis for admission policies carried out by these agencies. Four factors of eligibility must be considered: medical eligibility, age, residence and financial need.

For admission to Medical Center a child must be determined to be suffering from a disease, defect or deformity not hopelessly chronic which is susceptible of improvement, cure or benefit by medical, surgical or hospital care or by special study or diagnosis.

An adult over sixteen must be determined to be suffering from a condition or abnormality not chronic or a deformity which would be benefited by treatment in a hospital before being admitted for these services.

Methods by which crippled children may receive care:

A. *Placement* under the Division of Services for Crippled Children, State Department of Public Welfare. A crippled child under twenty-one years may be placed under the program of the Division of Services for Crippled Children if his crippling condition meets the definition of that division.

   Advantages of Placement Procedure:

   1. Crippled children are placed *only* in hospitals approved by the State Department of Public Welfare because such hospitals are equipped to meet the special diagnostic and treatment needs of these children.

   2. The local nurse receives a copy of medical recommendations when the child is discharged from the hospital thus allowing her to give a more intelligent home service.

   3. Each time the child is seen in the clinic following his discharge from the hospital, the local nurse routinely receives a copy of the clinician's findings and recommendations. This information allows her to give more intelligent follow-up service in:

      (a) Assisting the family to carry out medical recommendations.

(b) Teaching the family what unfavorable signs and symptoms should be reported to the family physician or to the clinician.

(c) Determining the amount of nursing assistance and supervision the patient and family need.

(d) Determining how the nurse can best use the orthopedic nursing consultant.

(e) Encouraging the family to keep clinic appointments.

(f) Promoting recovery following hospitalization and/or surgical procedures through more intelligent instructions to patients and parents with regard to the purpose and care of orthopedic apparatus.

(g) Determining the need of the family for assistance from a physical therapist in carrying out the prescribed therapeutic home program.

(h) Recognizing the need for coordination of professional health and welfare services through:

(1) A free exchange of pertinent information.

(2) Group conferences and planning and carrying out coordinated plans.

(i) Assistance in deciding what information should be included in the family health record.

B. *Commitment Procedure.* A crippled child under sixteen years of age may be committed for care.

Under the commitment procedure the same hospital and clinic services are available as under placement, but there is no provision for keeping the local nurse and County Department of Public Welfare informed as to diagnosis, medical recommendations or progress.

C. Emergency care. Emergency care can be arranged by telephone, either by the physician or the County Department of Public Welfare calling the hospital or the State Department of Public Welfare. If the County Department of Public Welfare is expected to assume financial responsibility for emergency care, their approval should be obtained before hospitalization whenever possible.

INDIANA UNIVERSITY—SPEECH AND HEARING CLINICS—

Bloomington.

Services: Maintains complete out-patient services.

Administers speech and hearing test to any individual who makes application. Problems of speech and hearing can be brought to this specialized clinic for the best possible therapeutic training.

INDIANA VILLAGE FOR EPILEPTICS—

New Castle.

Services: For the scientific treatment, education, employment and custody of epileptic residents of the State. Admission through court procedure constituting commitment.

IRENE BYRON SANATORIUM—

Fort Wayne.

Services: Medical and surgical treatment for the tuberculous in Allen County. Patients from other counties admitted through special arrangement.

KIWANIS CLUB—

Services: An organization of business and professional men to promote business and civic welfare.

LAKE COUNTY TUBERCULOSIS HOSPITAL—

Crown Point.

Services: Medical and surgical care for the tuberculous for Lake County. Patients from other counties admitted through special arrangement.

LEAGUE OF WOMEN VOTERS—

Purpose: A non-partisan organization to promote the responsible participation of women in Government.

LIONS CLUB—

An organization of business and professional men to promote business and civic welfare.

LOCAL POLICE DEPARTMENTS—

Services: Aims at preventing accidents through educational and demonstration work in schools, industries, and elsewhere.

LOGANSPORT STATE HOSPITAL—

"Longcliff", Logansport.

Services: Care and treatment of the mentally ill. Admission through court procedure, constituting legal commitment.

LUTHERAN CHILD WELFARE ASSOCIATION OF INDIANA—

3310 E. Washington Street, Indianapolis.

Services: Provides foster homes and institutional care for children. Operates day care nursery for preschool children. In some localities they offer consultation and case work service for unmarried mothers.

MADISON STATE HOSPITAL—

North Madison.

Services: Care and treatment of the mentally ill. Admission through court procedure, constituting commitment.

MUSCATATUCK STATE SCHOOL—

Butlerville.

Services: Provides care, custody, treatment and education for feeble-minded residents of the State. Admission through court action constituting legal commitment.

NATIONAL FOUNDATION FOR INFANTILE PARALYSIS AND LOCAL CHAPTERS—

143 N. Meridian Street, Indianapolis.

Services: Assists county chapters in operating Polio Programs. The National Foundation for Infantile Paralysis collaborates with the State Department of Public Welfare, Division of Services for Crippled Children in providing financial assistance for the care of poliomyelitis patients.

Services offered:

Illustrative only—

A. Provides financial assistance for medical care including diagnostic and consultation services in medical and surgical treatment.

B. Purchases additional hospital and clinic equipment needed in the treatment of infantile paralysis.

C. Provides funds to hospitals and other agencies to pay salaries of special and general duty nurses, physical therapists and other professional workers employed for the care of infantile paralysis.

D. Provides transportation and maintenance and secures living accommodations for these professional persons, if secured from other communities.

E. Recruits volunteers to assist physicians, nurses and physical therapists in treatment.

F. Employs clerical and accounting assistance for keeping records.

G. Supplies blankets, water-proof materials, wringers, washing machines and tubs, hot-pack machines, foot and bed boards, etc., preferably through establishing county chapter loan closets.

H. Provides funds for postgraduate study by doctors, nurses and physical therapists in the infantile paralysis field.

I. Provides scholarships for training in physical therapy.

NATIONAL SOLDIERS' HOME—

Marion (Now veterans' hospital).

Services: Gives medical care and treatment to ex-service men suffering with mental and nervous disabilities.

PURDUE UNIVERSITY—SPEECH AND HEARING CLINIC—

Lafayette.

Services. Same as Indiana University.

ROTARIAN CLUB—

An organization of business and professional men to promote business and civic affairs.

RURAL HEALTH COMMITTEES—

Services: Organized on a county basis to help provide more adequate health services. For detailed information see Local Agricultural Agent or write Agricultural Extension Division, Purdue University.

SALVATION ARMY—

Services: Spiritual instruction, youth guidance, direct relief, fresh air camp for mothers and children, maternity care, and industrial home for handicapped men.

SOCIAL SECURITY ADMINISTRATION—BUREAU OF OLD AGE AND SURVIVORS' INSURANCE

307 N. Pennsylvania Street, Indianapolis.

Purpose: Payment of old age and survivors' insurance benefits under Title II of the Social Security Act.

SOUTHERN INDIANA TUBERCULOSIS HOSPITAL

"Silvercrest", New Albany.

Services: Medical and surgical treatment of tuberculosis. Complete diagnostic chest clinic maintained. Application same as Indiana State Sanatorium, Rockville.

SMITH-ESTEB HOSPITAL—

R. R. #4, Richmond.

Services: Care of tuberculous in Wayne County. Patients from other counties admitted through special arrangement.

ST. ELIZABETH HOME—

2500 Churchman Avenue, Beech Grove, Indianapolis.

A Catholic Maternity Home for unmarried mothers. Cost varies according to several factors such as variation in ability to pay and length of antepartal and postpartal periods of residents. An unmarried mother who requires shelter care for a long period before and after confinement may be suitable for referral to this home. Negroes are not accepted.

SUEMMA COLEMAN HOME—

2044 N. Illinois Street, Indianapolis.

Services: A licensed maternity home and child placing agency. Protestant. Free and part pay care and services are subsidized by the Indianapolis Community Fund. Provides shelter for Protestant, white, unmarried pregnant girls, together with prenatal and postnatal services and hospital confinement. Girls with venereal diseases are not accepted for care, negative Wasserman and smear reports are required before admission. Patient expected to enter home at least two months before the birth of her child to assure prenatal care. She is expected to remain six weeks after the birth of her child for postnatal care. Patients accepted from the State of Indiana with priority given to those from Marion County. If circumstances warrant out-of-state patients are accepted on full pay basis.

SUNNYSIDE SANATORIUM—

Indianapolis.

Services: Medical and surgical care of the tuberculous in Marion County. Patients from other counties admitted through special arrangement.

TOWNSHIP TRUSTEE—

Services: Provide relief and other care as specified by law.[1] In case of acute illness with inability to pay the Township Trustee is obliged by law to provide medical and surgical care and medication for anyone residing in his township regardless of legal residence. In case of non-legal residence, the question of transportation for sick persons applying to the Trustee will often be a problem. In practice, the extent of medical help offered by the Trustee will vary greatly and the division of responsibility agreed upon between the Trustee and the County Department of Public Welfare will also vary. Specifically, applactions should be made as follows: Any adult over eighteen years of age who is in need of medical care and has no funds to pay for same may apply to the County Department of Public Welfare or Township Trustee for medical care locally or to the County Department of Public Welfare for commitment to Indiana University Medical Center. Needy children under sixteen should apply to the County Department of Public Welfare for admission (commitment) to the Riley Hospital or to local county hospital and if crippled for *placement* under the Crippled Children's Program at Riley or one of their other medical centers. (See also County Departments of Public Welfare).

UNITED SPANISH AMERICAN WAR VETERANS

Soldiers' and Sailors' Monument, Indianapolis.

Activities: Handling of claims for members and widows. Participates in civic and other public affairs.

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[1] See Appendix E, 4.

UNITED STATES CIVIL SERVICE COMMISSION—
Federal Building, Indianapolis.

Services: Gives publicity to and conducts civil service examinations, and supplies information on matters pertaining to civil service.

UNITED STATES DEPARTMENT OF AGRICULTURE, FARM SECURITY ADMINISTRATION
342 Mass. Avenue, Indianapolis.

Services: Making loans and supplying counsel and advice for the rehabilitation of farms and farm families. Also making loans for the ownership of farms.

UNITED STATES EMPLOYMENT SERVICE—
258 West Washington Street, Indianapolis.

Services: Has available information for employers and those seeking jobs about labor needs in Indianapolis and elsewhere.

UNITED STATES FEDERAL HOUSING ADMINISTRATION—
20 North Meridian Street, Indianapolis.

Services: Provides opportunity for persons with steady incomes and good character and credit reference to own their own homes.

UNITED STATES VETERANS' ADMINISTRATION —Regional Office
36 South Pennsylvania Street, Indianapolis.

Purpose: To administer all laws relating to benefits provided for former members of the military and naval forces.

UNITED STATES VETERANS' ADMINISTRATION —Hospitals—
Ft. Benjamin Harrison.
Cold Springs, Cold Springs Road, Indianapolis.

Service: Hospital service for former members of military forces.

UNITED STATES VETERANS' EMPLOYMENT SERVICE—
105 S. Meridian Street, Indianapolis.

Services: Works with U. S. Employment Services and with employer and veteran and veterans' organizations to obtain employment for veterans.

VENEREAL DISEASE CLINICS—
See: Section IV, "Venereal Disease".

VETERANS OF FOREIGN WARS—
216 Massachusetts Avenue, Indianapolis.

Services: Represents and assists veterans and their dependents with any problems connected with the U. S. Veterans Administration.

WHITE'S INDIANA MANUAL LABOR INSTITUTE
R. R. #5, Wabash.

Services: A home for dependent and neglected children. Operated by Friends' Church and supported by farm and private funds and fees.

WILLIAM ROSS SANATORIUM—
R. R. #5, Lafayette.

Services: Care of the tuberculous in Tippecanoe County. Patients from other counties admitted through special arrangement.

YOUNG MEN'S CHRISTIAN ASSOCIATION—

Services: The aim is to develop world-wide Christian fellowship among men and boys. Offer housing facilities, adult education, physical education and adult and youth informal recreational activities.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION—

Services: Offers an educational and recreational program for all girls and women, including gymnasium, swimming and club facilities, also residence.

INCUBATORS

The list of Indiana State Board of Health Incubators Locally Owned in the Northeastern Branch are as follows:

No.	County	No of Incubators	Hospital Use Only	Home Use	Location
1	Adams	0			
2	Allen	0			
3	Blackford	1		1	Blackford County Hospital Hartford City
4	Cass	0			
5	DeKalb	0			
6	Delaware	7	6	1	Visiting Nurse Association, Ball Memorial Hospital
7	Grant	1		1	Grant County Tuberculosis Association, Marion
8	Hamilton	1	1		Hamilton County Hospital, Noblesville
9	Howard	0			
10	Huntington	0			
11	Jay	2	1	1	Jay County Hospital, Portland County Nursing Service, Court House
12	Koscuisco	0			
13	LaGrange	0			
14	Madison	1	1		St. John's Hospital, Anderson
15	Miami	1		1	County Nursing Service, Peru
16	Noble	1	1		Lucky, Wolf Lake
17	Randolph	0			
18	Steuben	0			
19	Whitley	1		1	County Nursing Service, Columbia City
20	Tipton	1		1	County Nursing Service, Tipton
21	Wabash	0			
22	Wells	0			
	Totals	17	10	7	

INCUBATORS

The list of Indiana State Board of Health Incubators Locally Owned in the Northeastern Branch are as follows:

No.	County	No of Incubators	Hospital Use Only	Home Use	Location
1	Benton	0			
2	Carroll	1	1		Kennedy Nursing Home, Flora
3	Clinton	1		1	Clinton County Hospital, Frankfort
4	Elkhart	2		2	Red Cross Nursing Association, Goshen
5	Fulton	0			
6	Jasper				
7	Lake	4	1	3	1-Patients Hospital, Gary 3-Dr. Weis, Court House, Crown Point
8	LaPorte	6	2	4	County Nursing Service, Court House, LaPorte
9	Marshall	2	1	1	Parkview Hospital, Plymouth
10	Newton	0			
11	Porter	0			
12	Pulaski	0			
13	Starke	0			
14	St. Joseph	3	2	1	St. Joseph Hospital, South Bend
15	Tippecanoe	0			
16	Warren	1		1	County Nursing Service
17	White	0			
	Totals	20	7	13	

INCUBATORS

The list of Indiana State Board of Health Incubators Locally Owned in the West Central Branch are as follows:

No.	County	No of Incubators	Hospital Use Only	Home Use	Location
1	Boone	0			
2	Clay	0			
3	Fountain	1		1	County Nursing Service, Court House, Covington
4	Greene	2		2	County Nursing Service, Post Office, Bloomfield
5	Hendricks	0			
6	Lawrence	2		2	County Nursing Service, Court House, Bedford
7	Marion	0			
8	Monroe	3		3	(State Owned #8) Health Department, Bloomington
9	Montgomery	0			
10	Morgan	1		1	Police Station, Martinsville
11	Owen	1		1	Spencer Court House, Spencer
12	Parke	1		1	County Nursing Service
13	Putnam	0			
14	Sullivan	3	1	2	1-Mary Sherman Hospital, Sullivan 2-Court House, Sullivan
15	Vermillion	2	1	1	County Hospital, Clinton
16	Vigo	2		2	County Nursing Service
	Totals	18	2	16	(State Owned—1 of 16 for Home Ue)

INCUBATORS

The list of Indiana State Board of Health Incubators Locally Owned in the Southwestern Branch are as follows:

No.	County	No of Incubators	Hospital Use Only	Home Use	Location
1	Crawford	1		1	County Nursing Service, English Court House, English
2	Daviess	1	1		Daviess County Hospital, Washington
3	DuBois	2	1	1	(State Owned #4) Dr. Storks Hospital, Huntingburgh
4	Gibson	3		3	(State Owned #1) Princeton
5	Harrison	1		1	County Nursing Service, Court House, Corydon
6	Knox	3	1	2	1-Good Samaritan Hospital, Vincennes 2-County Nursing Service, City Hall, Vincennes
7	Martin	0			
8	Orange	1		1	County Nursing Service, Court House, Paoli
9	Perry	1		1	County Nursing Service, Cannelton
10	Pike	2		2	County Nursing Service, Court House, Petersburg
11	Spencer	1		1	County Nursing Service, Court House, Rockport
12	Warrick	1		1	County Nursing Service, Court House, Boonville
13	Vanderburgh	1		1	Public Health Nursing Association, Evansville
14	Washington	1		1	County Nursing Service, Court House, Salem
15	Posey	2		2	
	Totals	21	3	18	State Owned: 2 of 18 For Home Use

INCUBATORS

The list of Indiana State Board of Health Incubators Locally Owned in the Southeastern Branch are as follows:

No.	County	No of Incubators	Hospital Use Only	Home Use	Location
1	Wayne	2	1	1	Reid Memorial, Richmond Visiting Nurse Association, Richmond
2	Henry	3	1	2	Henry County Hospital, New Castle
3	Hancock	1		1	Red Cross Office, Greenfield
4	Johnson	1		1	County Nursing Service, Court House, Franklin
5	Shelby	1		1	County Nursing Service, Shelbyville, Court House, Shelbyville
6	Rush	1	1		Rushville City Hospital, Rushville
7	Fayette	1	1		Fayette County Hospital Connersville
8	Union				
9	Franklin	1		1	County Nurse Service, Court House, Brookville
10	Decatur	0			
11	Bartholomew	2		2	(State owned #11 & 12)
12	Jackson	0			
13	Jennings	1		1	County Nursing Service, Court House, North Vernon
14	Ripley	1		1	County Nurse Service, Court House, Versailles
15	Dearborn	1		1	County Nursing Service, Court House, Lawrenceburg
16	Ohio	0			
17	Switzerland	0			
18	Jefferson	1	1		Kings Daughters Hospital, Madison
19	Scott	1		1	Court House, Scottsburg
20	Clark	1		1	County Nursing Service, Court House, Jeffersonville
21	Floyd	2		2	(State Owned #3), Health Dept., New Albany
22	Brown	0			
	Totals	21	5	16	State Owned: 3 of 16 For Home Use

SAMPLE INTER-AGENCY REFERRAL FORM

From _____ To _____ Date _____

Name _____ Birthdate _____

Husband or Father

Wife or Mother

Address _____ Other in Family _____

Reason for referral: (Describe medical problem and mention pertinent social aspects.)

_____

_____

_____

Has referral been discussed with individual or family? Yes __ No __. Is referral acceptable? Yes __ No __. Will referring agency continue contact? Yes __ No __. Is cooperative effort desirable? Yes __ No. Does referring agency suggest conference? Yes __ No __.

_____

Signature

Date _____

Report from agency receiving referral:

Will agency accept referral of individual (family) for study and appropriate action? Yes .... No __. If answer is *no*, state reason _____

_____

If answer is *yes*, give brief report of findings and plans. _____

_____

_____

_____

Signature

LIST OF ACCREDITED SCHOOLS OF NURSING IN INDIANA

	No. of Beds Including Bassinets.
1. Ball Memorial Hospital Training School for Nurses, Muncie	247
2. Good Samaritan Hospital Training School for Nurses, Kokomo	125
3. Good Samaritan Hospital Training School for Nurses, Vincennes	129
4. Home Hospital Training School for Nurses, Lafayette	170
5. Indianapolis City Hospital School for Nurses, Indianapolis	738
6. Indiana University Training School for Nurses, Indianapolis	646
7. Lutheran Hospital Training School for Nurses, Ft. Wayne	245
8. Memorial Hospital and Training School, South Bend	215
9. Methodist Episcopal Hospital Training School for Nurses, Fort Wayne	140
10. Methodist Episcopal Hospital School for Nurses, Gary	266
11. Methodist Episcopal Hospital School for Nurses, Indianapolis	708
12. Protestant Deaconess Hospital Training School, Evansville	270
13. Reid Memorial Hospital Training School, Richmond	167
14. St. Anthony's Hospital Training School, Terre Haute	207
15. St. Catherine's Hospital School for Nursing Education, East Chicago	324
16. St. Elizabeth's Hospital Training School, Lafayette	285
17. St. John's Hospital Training School, Anderson	272
18. St. Joseph's Hospital Training School, Fort Wayne	364
19. St. Joseph's Hospital Training School, Mishawaka	125
20. St. Joseph's Hospital Training School, South Bend	230
21. St. Margaret's Hospital Training School, Hammond	286
22. St. Mary's Hospital Training School for Nurses, Evansville	191
23. St. Mary's College School of Nursing (5 Yr. Course), Holy Cross	
24. St. Mary's Mercy Hospital Training School for Nurses, Gary	292
25. St. Vincent's Hospital Training School for Nurses, Indianapolis	400
26. Union Hospital Training School for Nurses, Terre Haute	216
27. Welborn - Walker Hospital School for Nurses, Evansville	116

APPENDIX A

UNIVERSITY PROGRAMS OF STUDY IN PUBLIC HEALTH NURSING

Approved by NOPHN as of January, 1947

University	Date of NOPHN Official Action
Catholic University of America, Washington, D. C.	1936
Columbia University, Teachers College, New York City	1920
Duquesne University, Pittsburgh, Pennsylvania	1938
George Peabody College for Teachers, Nashville, Tennessee	1921
Incarnate Word College, San Antonio, Texas	1946
Indiana University, Bloomington	1939
Loyola University, Chicago, Illinois	1941
Marquette University, Milwaukee, Wisconsin	1940
Medical College of Virginia, Richmond, Virginia	1937
New York University, New York City	1938
St. John's University, Brooklyn, New York	1940
St. Louis University, St. Louis, Missouri	1938
Seton Hall College, Newark, New Jersey	1942
Simmons College, Boston, Massachusetts	1920
Syracuse University, Syracuse, New York	1932
University of Buffalo, Buffalo, New York	1941
University of California, Berkeley, California	1920
University of California, Los Angeles, California	1940
University of Chicago, Chicago, Illinois	1940
University of Colorado, Boulder, Colorado	1942
University of Hawaii, Honolulu, T. H.	1935
University of Michigan, Ann Arbor, Michigan	1920
University of Minnesota, Minneapolis, Minnesota	1920
University of North Carolina, Chapel Hill, North Carolina	1942
University of Oregon, Portland, Oregon	1921
University of Pennsylvania, Philadelphia, Pennsylvania	1936
University of Pittsburgh, Pittsburgh, Pennsylvania	1942
University of Washington, Seattle, Washington	1921
Vanderbilt University, Nashville, Tennessee	1932
Wayne University, Detroit, Michigan	1931
Western Reserve University, Cleveland, Ohio	1920

APPENDIX B

NURSING ORGANIZATIONS

National Organizations

The American Nurses' Association.

The function of this organization is to promote high standards of nursing. Membership is granted to any graduate registered nurse.

Application is made through the District Nurses' Association and the annual fee is paid through the District and State Association.

Official publication—

American Journal of Nursing (not included in membership fee): $4.00 a year.

Address: 1790 Broadway, New York City.

The National Organization for Public Health Nursing.

A national service organization, concerned primarily with the problems of public health nurses, board members and public health nursing organizations. Its functions include educational and advisory service to local public health nurses and agencies and study and research. Membership $3.00 and application may be made directly to the organization. Open to graduate nurses and to any interested person.

Official Publication—

Public Health Nursing — $3.00 to members, $4.00 to non-members.

Address: 1790 Broadway, New York City.

National League of Nursing Education.

Organized to set up and maintain standards in schools of nursing and to develop post-graduate courses. It serves as the educational committee of the American Nurses' Association. The fee of $8.00 includes membership in the State League of Nursing Education and may be paid through that organization.

Address: 1790 Broadway, New York City.

State Organizations

Indiana Board of Examination and Registration of Nurses.

The functions of this organization are: (1) inspect and accredit schools of nursing and schools for trained attendants, (2) evaluate and approve credentials, age and educational qualifications of applicants for accredited schools of nursing and schools for trained attendants, (3) to certify graduate nurses and trained attendants for licensure.

The annual registration fee is $1.00 and this is required of all nurses who practice nursing in Indiana except those who hold Federal positions. Nurses are eligible who have graduated from an accredited school of nursing and have successfully passed the Indiana State Board of Examination or are eligible through reciprocity.

Address: 638 K. of P. Bldg., Indianapolis.

Indiana State Nurses' Association.

This is the professional organization for nurses in Indiana. Any graduate nurse registered in Indiana is eligible for membership. This organization is affiliated with the American Nurses' Association and is composed of the districts shown on map immediately following this Appendix. Membership in the State and National Organizations are paid through the district. The State Organization includes a Public Health Nursing Section.

Address: 1125 Circle Tower Bldg., Indianapolis.

Indiana State League of Nursing Education.

This organization is affiiliated with the National League of Nursing Education. Application for membership or information may be obtained by writing,

Indiana State Nurses' Association, 1125 Circle Tower Bldg., Indianapolis.

Allied Organizations

The American Red Cross.

Registered nurses who have graduated from accredited schools of nursing are eligible for nurse membership and other qualified lay people are eligible as lay members. Information is available from the area office.

Address: The American Red Cross, Eastern Area, 615 North St. Asaph St., Alexandria, Virginia.

The American Public Health Association.

Membership is available to any lay or professional person interested in public health and who is sponsored by a member of the organization. The annual dues of $5.00 include a subscription to The American Journal of Public Health.

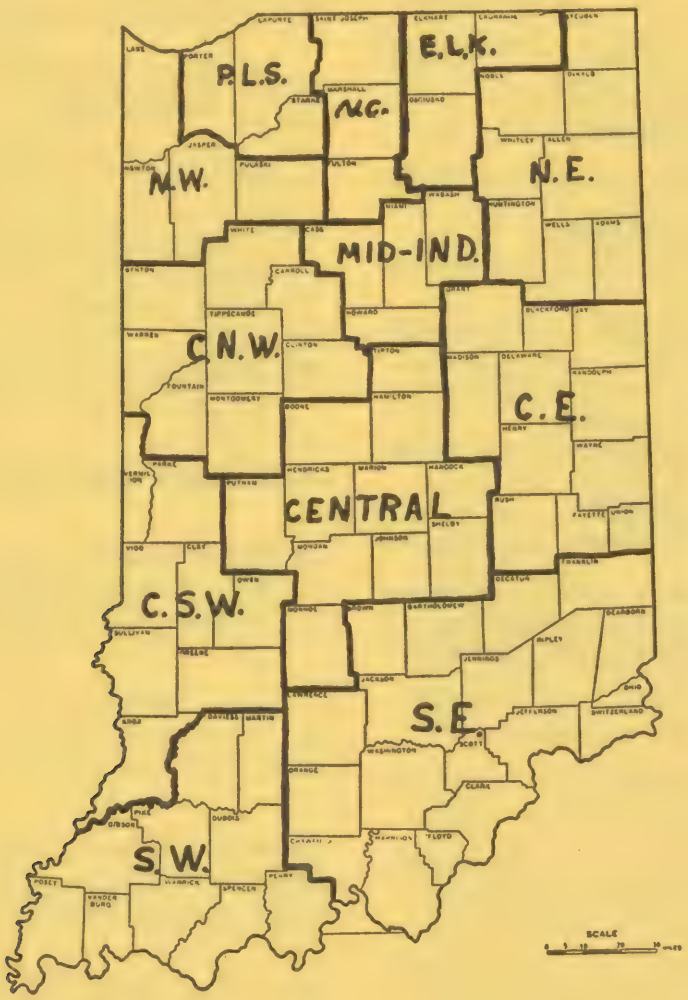
Address: American Public Health Association, 374 Broadway, Albany 7, New York.

The Indiana Public Health Association.

Membership in the Indiana Public Health Association is available to all public health personnel and interested lay people as well as nurses. Its function is to assist in the correlation of public health services and programs throughout the State. The annual membership fee is $1.00.

This is a new organization in Indiana and it will be affiliated with the American Public Health Association when it meets the requirements established by the parent organization. Information may be obtained from any State Health Agency.

INDIANA STATE NURSES' ASSOCIATION WITH ELEVEN GEOGRAPHIC DISTRICTS—CENTRAL OFFICE—1125 CIRCLE TOWER, INDIANAPOLIS



APPENDIX C

SUGGESTED GUIDE TO BE USED IN ESTIMATING COST OF A FULL-TIME HEALTH DEPARTMENT

COST OF FULL-TIME HEALTH DEPARTMENT[1] FOR

_____ County

A. Population of County ____ _____

B. Approximate cost of a Full-Time Health Department ($1.00 x A) _____ _____

C. Funds available to the county from the State _____ _____

D. Amount to be provided by the county (B-C) _____ _____

E. County's present expenditures for Public Health ___ _____

a. Salary of part-time County Health Officer _ _____

b. Salary of part-time City Health Officer ___ _____

c. Salary of Public Health Nurses _____ _____

d. Salary of School Nurse _____

e. Other expenditures for Public Health _____ _____

TOTAL (a+b+c+d+e) __ _____

F. Difference in the cost of __ adequate and inadequate health protection _____ _____

G. Additional cost to county (D-E) _____ _____

H. County's assessed valuation _____

I. Increase in tax rate necessary to support a Full-Time Health Department (G÷H/100) _____ _____

[1] From *Full-Time County Health Departments, What It Means To You.* Indiana State Board of Health, 1098 West Michigan Street, Indianapolis.

APPENDIX D

BOOKS FOR LOAN FROM THE DIVISION OF PUBLIC HEALTH NURSING

Indiana State Board of Health

Adair, F. L., M.D., *Maternal Care Complications,* University of Chicago Press, Chicago, Illinois. 1938. 93 pp.

Aldrich, C. Anderson, M.D., and Aldrich, Mary M., *Feeding Our Old Fashioned Children,* Macmillan Co., New York, N. Y. 1941. $1.75. 112 pp.

American Public Health Association, Report of Committee of Public Health Education and Health Officers' Sections, *Community Organization For Health Education,* American Public Health Association, New York, N. Y. 1941. 120 pp.

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APPENDIX E

LAWS AND REGULATIONS

These pages contain a brief resume of the Indiana laws and regulations specifically referred to in the Manual. The regulations pertaining to communicable disease as well as some additional ones are available in *Health Officer's Manual*, published by the Indiana State Board of Health. Copies of the regulations contained in the *Health Officer's Manual* are available to public health nurses. All laws are published in *Acts* and are filed according to the year the law was passed by the legislature. *Acts* are available at the county court house and public libraries.

1. Communicable Disease—*Acts* 1903, Chapter 83, Section 1 also H. C. D., 4-5, 1945 *Health Officer's Manual*

   Requires physicians to report the communicable diseases listed to the Health Officer, or in some cases directly to the State Board of Health, within the time limit specified.

   Any public health nurse, parent, school official and others having actual knowledge of a communicable disease or a suspected case if communicable disease occurring within his sphere of authority shall report it to the Health Officer and shall maintain strict isolation of the cases until official action is taken.

2. Ophthalmia Neonatorium—*Acts* 1911, Chapter 129, Section I, III, IV, V. Also *Health Officer's Manual* H. C. D. 32. 1945

   Provides for a statement on the birth certificate as to what preventive for Ophthalmia Neonatorium was used and, if none, the reason. The responsibility is placed on the physician, midwife or nurse who attends the birth of a child to instill or have instilled in each eye of the newborn baby as soon as possible and not later than one hour after the birth, a 1% solution of silver nitrate or an equally effective prophylaxis approved by the Indiana State Board of Health. This law also requires the physician or parents or in their absence whoever is caring for said infant, to report to the Health Officer conjuctivitis of the new-born from whatever cause within 24 hours after it is discovered. The Health Officer is responsible for seeing that the infant is hospitalized or is provided with medical and nursing care and, if necessary, the Township Trustee shall pay for such care.

3. City-County Health Units, Establishing —*Acts* 1935, S 33, Chapter 217, Section 8, p. 1032. Amended in *Acts* 1947, Chapter 202.

   Makes it possible for counties and cities to combine for the purpose of establishing a city-county full-time health department. It also provides for a bi-partisan board of health, consisting of seven members; three members, one of whom must be a physician, are to be appointed by the Board of County Commissioners, and the Mayor to select three additional members, two of whom must be physicians. The County Superintendent, by virtue of his office is the seventh member of the board. The powers of the board include policy making, appointment of Health Officer and approving professional employees appointed by the Health Officer.

4. Medical Care, The Responsibility of Township Trustee for—*Acts* 1935, S. 179, Chapter 116, Section 5-7-19

   The Township Trustee is responsible for providing medical and surgical care and medical supplies, special diets and nursing as ordered by the physician to any poor in his township.

5. County and City Nurses, Employment of, *Acts* 1935, S.B. 233, Chapter 217, Section 6, p. 1031

   The full-time Health Officer law provides for the employment of full time public health nurses at the expense of the county or city. These nurses are to be legally qualified and suitably trained in sanitary science and their qualifications are to be satisfactory to the State Board of Health.

6. Crippled Children, Responsibilities For

a. Federal

Federal Social Security Act. See 511, Part 2, Amended 1939

Enables each State to extend and improve so far as practicable services for locating crippled children and for providing medical, surgical, corrective and other services, and after care for children who are crippled or are suffering from conditions which lead to crippling.

b. State

Welfare *Act* of 1936 Amended by *Act* of 1937. Article V. See 86 and 87

Places the Administration of the Crippled Children's Division under the State Department of Public Welfare and provides for developing plans necessary to carry out the ten services contemplated and to comply with the rules and requirements outlined in the Federal Social Security Act.

c. County

Act 1936. Article II, Section 18

Provides for the County Department of Public Welfare to cooperate with the State Department of Public Welfare in regard to children classified as crippled.

7. Blind Assistance, Eligibility of—*Acts* 1937, H. 460, Chapter 41

For the purpose of the Welfare Act a blind person is defined as one with vision in the better eye with correction glasses of 20/200 or less or a disqualifying visual field defect as determined upon an examination by an opthalmologist or eye specialist who shall be a physician licensed to practice medicine.

8. Congenital Deformities, Reporting of—*Acts* 1937, H. 460, Chapter 41, Section 89a

Requires that the physician, midwife or person acting as midwife report within thirty days after day of birth on prescribed form to the Department of Public Welfare any visible congenital deformity on an infant whose birth he attends.

9. Prenatal Blood Test—*Acts* 1939, H. 21, Chapter 12, Section 12, p. 21

Requires every physician attending pregnant women to submit upon diagnosis, a sample of blood to an approved laboratory for a standard seriological test for syphilis. Every other person permitted by law to attend such pregnant women in the State, but not permitted by law to take blood tests shall cause a sample of blood to be taken by a duly licensed physician and submitted to an approved laboratory for a standard test for syphilis. After January 1, 1940, the birth certificate must show whether a standard test was made and if so when and whether during pregnancy or delivery. If no test was made the reason must be given. The results are not shown and persons with religious objection are exempt.

10. Premarital Health Examinations

—*Acts* 1939, H. 134, Chapter 100, Section 2, page 514

Requires marriage applicants to present to the county clerk to whom they apply for a license a certificate stating that the applicant has had an examination including a standard laboratory test for syphilis and that if syphilis is present it is not in a stage which will become communicable to the marriage partner. Those found positive shall be investigated and placed under treatment if necessary. Special dispensations are made for emergencies and persons with religious objections.

11. Hearing, Testing of

Acts 1941, H. 512, Chapter 212, Section 1, p. 642

Requires the Board of Trustees or School Commissioners of any city or town and the Trustee of any Township to conduct and administer periodic hearing tests with audiometer or with other approved scientific instruments. This must be done yearly in all schools of the State. The law also requires such remedial measures and correctional devices as may be available.

12. Exclusion From School of Children Who Are Sick, Infected With Vermin or Are Unclean. Physical Examination of Teachers, Janitors or Bus-Drivers.

Acts 1941, Section 118, Chapter 214, Section 1, p. 647, Amended in *Acts* 1943, Section 135, Chapter 162, Section 1, p. 480

This act requires that the teacher send home any child who is ill or infested with vermin or who is unclean, omits offensive bodily odors and provides that failure of the parents to cooperate is punishable by fine and imprisonment.

This act also provides that the authorities having control of the school shall have medical inspection of the school children in case contagious or infectious diseases occur and the children excluded until the Health Officer gives permission for their return to school.

Also requires a physical examination for tuberculosis for all school teachers, janitors and bus drivers every three years. This examination shall include adequate laboratory tests and x-ray, and to be made by licensed doctors of medicine. The cost is to be borne by the Board of Education.

Any employee may be examined at his own expense by any licensed doctor of medicine of his own choosing.

If the results of the examination indicates the presence of tuberculosis, the employee shall be ineligible for further service until satisfactory proof of recovery is furnished.

It is unlawful for school authorities to employ teachers, janitors or bus drivers who are addicted to drugs or who are intemperate, or who have tuberculosis or syphilis in an infectious stage.

13. Tuberculosis Subsidy for Tuberculosis Sanatoria

Acts 1943, H. 83, Chapter 76, Section 1, p. 236, Amended in *Acts* 1947, H. B. 88, Chapter 206

The State subsidizes or credits at a per diem rate, each institution that operates according to the Tuberculosis Sanatorium standards.

14. County Health or Two or More County Health Units

Acts 1947, H. 26, Chapter 271

Permits any county, or two or more adjacent counties not to exceed a total of four, after receiving approval of the State Board of Health to establish a full-time health department. Under this law the proposition is voted upon at the next general election, after a petition signed by 10 percent of the resident free holders is presented to the County Board of Commissioners. If a majority of the votes cast are favorable, the Commissioners must establish a fulltime health department.

This bill also provides for a seven member Board of Health.

15. Funds, Federal and State for Counties
Acts 1947, H. 29, Chapter 127

Makes it possible, when funds are available, for the State Board of Health to deposit allotments with the County Treaurer; thus the county will be in a position to pay salaries of local employees.

16. Relationship of State Boards of Health and Education

Acts 1947, H. 296, Chapter 218

Provides for consultation and cooperation with one another in health matters of children attending public schools and states that the services of doctors, nurses and other specialists of the State Board of Health shall be available to public and parochial schools for consultation and advice in certain specific matters. This law does not supersede or amend any existing law vesting authority in any school trustee, board or commissioner.

17. Hospital Construction

Acts 1947, Section 1, Chapter 173

Designates the State Board of Health as the agency to receive and disburse federal funds for the purpose of assisting local communities in the construction of public and non-profit hospitals and health centers.

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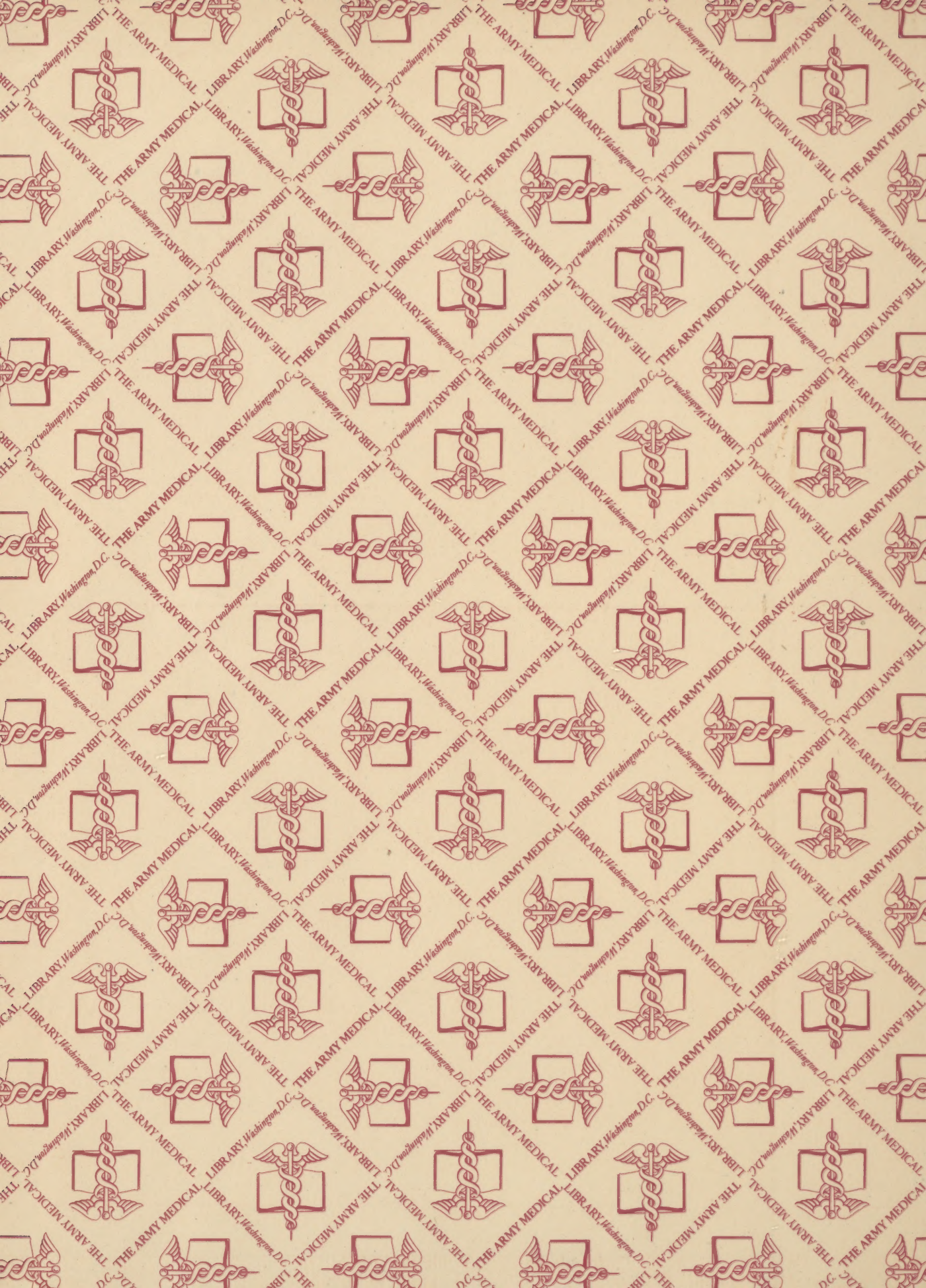
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